Jun. 8–14, 2015

Health

A Special Issue

NEW YORK

FEATURING

BEST DOCTORS

1,282 TOP PHYSICIANS IN EVERY SPECIALTY

AND ALSO

THE INSATIABLE AMERICAN QUEST FOR PERFECT TEETH

By DAN P. LEE

ONE BRAIN'S TRIP BACK FROM UNCONSCIOUSNESS

By STEPHEN S. HALL

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New York
Health
JUNE 8–14, 2015

"Remarkably and unexpectedly, the brain scan suggested that some of Dylan's wiring had begun to mend."
(p. 28)

ON THE COVER:
Photograph by Bobby Doherty/New York Magazine. This page, photograph by Dylan Coulter for New York Magazine.

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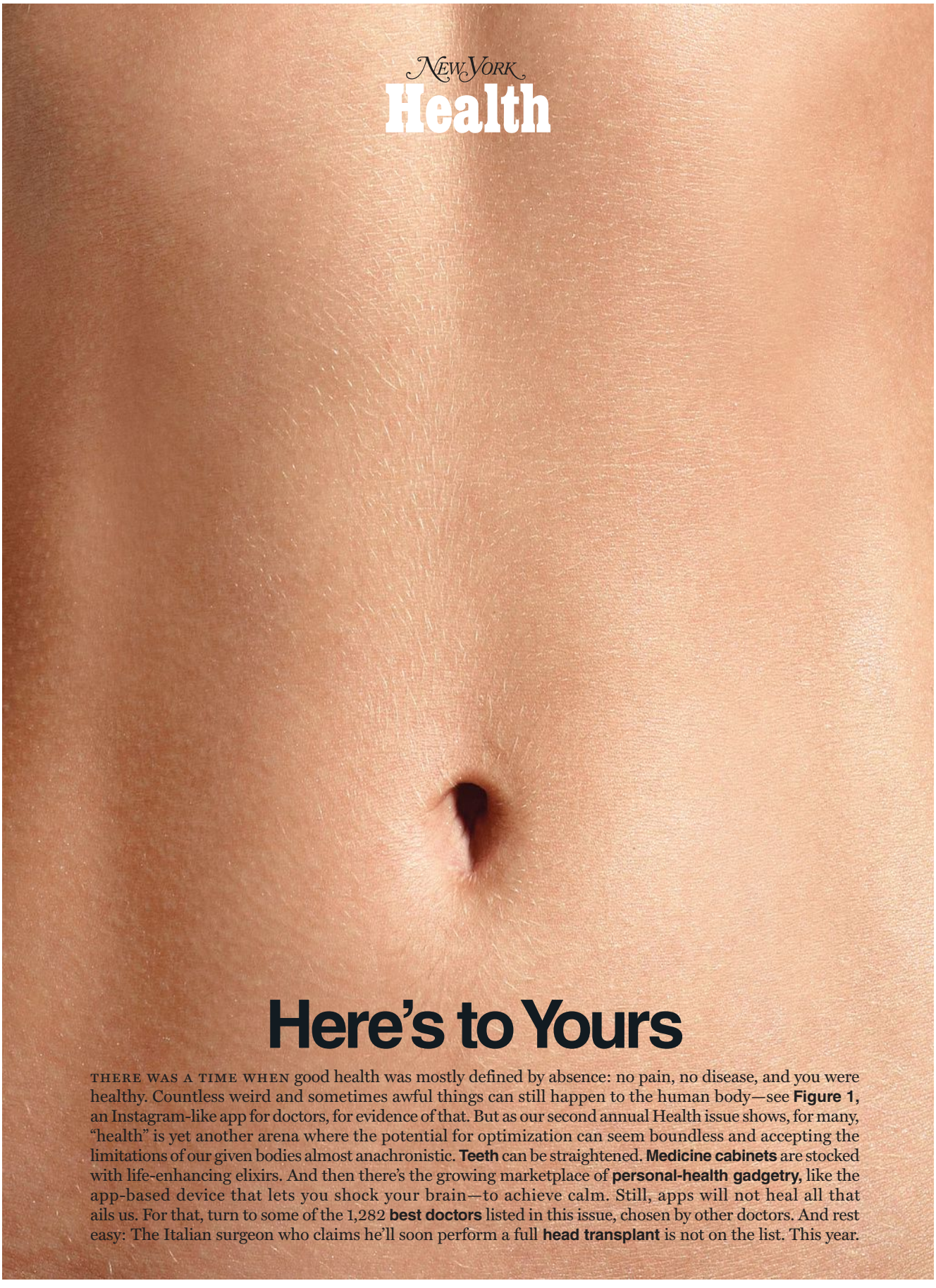
New York Health



Here's to Yours

THERE WAS A TIME WHEN good health was mostly defined by absence: no pain, no disease, and you were healthy. Countless weird and sometimes awful things can still happen to the human body—see **Figure 1,** an Instagram-like app for doctors, for evidence of that. But as our second annual Health issue shows, for many, "health" is yet another arena where the potential for optimization can seem boundless and accepting the limitations of our given bodies almost anachronistic. **Teeth** can be straightened. **Medicine cabinets** are stocked with life-enhancing elixirs. And then there's the growing marketplace of **personal-health gadgetry,** like the app-based device that lets you shock your brain—to achieve calm. Still, apps will not heal all that ails us. For that, turn to some of the 1,282 **best doctors** listed in this issue, chosen by other doctors. And rest easy: The Italian surgeon who claims he'll soon perform a full **head transplant** is not on the list. This year.

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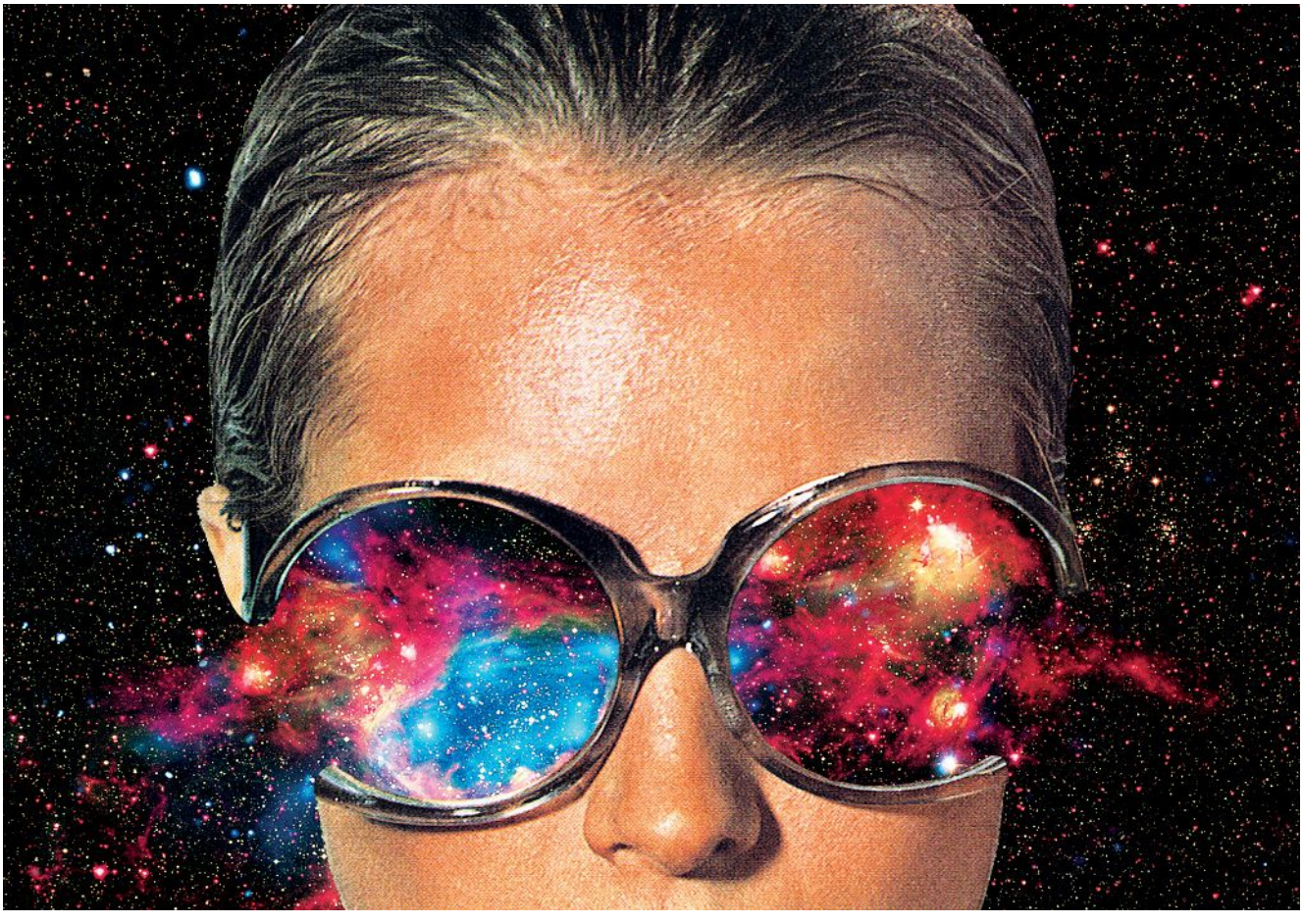
Part 1

Science of Us



I Was a Human Guinea Pig

Seven self-experimentations.

ILLUSTRATIONS BY ZOHAR LAZAR

1.

I Zapped My Brain and Got Really High

BY JESSICA SILVESTER

BEFORE I CAN HAVE high-frequency electrical currents shot through my cranial nerves, I need to tell an app what I want: Energy or Calm. I am sitting in the multicolored Boston offices of a company called Thync, and these are the two main options on its new, Bluetooth-enabled device—a sleek white module stuck on my right temple, joined by a sticky electrode strip that tucks behind my ear.

"Energy is like a cup of coffee; Calm is like a glass of wine," explains Sumon Pal, a Harvard-trained neuroscientist who co-founded Thync along with some other fancy neuroscientists. The product is targeting not only the recent wave of brain hackers who post about electrical stimulation on Reddit and make nine-volt-battery crowns on YouTube but also people such as myself—who like coffee, wine, and paying $299 (Thync's price) to live their best lives.

Collage illustrations by Eugenia Loli

Regarding my *Girl, Interrupted*–based concerns, Pal explains that unlike ECT, as well as its gentler cousin tDCS (transcranial direct-current stimulation), Thync does not zap the cortex directly; it hits brain-signaling nerves in the face, neck, and back, either suppressing the stress response (Calm) or igniting fight-or-flight (Energy).

I choose Energy. Programs run between five and 20 minutes, depending on how relaxed or alert you want to feel, and can be repeated as needed. A minute into the ten-minute session, I'm instructed to play with the app's PLUS and MINUS buttons: A squeezing at my temple means I've gone too high, an itching behind the ear indicates too low. By minute four, I've found a place of mild tingling—like a weak massage chair—which is supposedly the sweet spot.

The experience is … confusing. When it ends, I think I feel a kick of adrenaline—or was that the burning reality that I've just been electroshocked? On the Amtrak back home, I transcribe the day's interviews without any Instagram breaks—but don't I always focus better on trains?

"The studies on this type of treatment are very discrepant," says Ashesh Dinesh Mehta, a neurosurgeon at North Shore University Hospital. "When you stimulate the cranial nerves, you can alter brain activity; how that translates into a benefit is more suspect." Adds Christian Jarrett, author of *Great Myths of the Brain*, "People have to ask themselves whether they want to play around with devices like this, when the scientists [behind them] freely admit they don't actually know what the effects on the brain are." (Thync says that, among 3,500 test subjects, the most serious side effect has been brief skin irritation.)

But before I can declare the findings inconclusive, I still need to try Calm. I have my chance a week later, when Pal is in New York. He's coming from a meeting with Beyoncé's head of digital; I'm coming from a meeting where no one seemed to like my ideas. We sit in a conference room that used to be a closet, and it's the same drill, only now the electrical circuit stops at my neck to activate a different nerve. The session is winding down when Pal asks me if I'm still stressed out about my meeting—and that's when my words feel very far away. My neurons do not seem tipsy so much as deeply, deeply stoned.

When I leave the closet, colleagues say things like "Do you want to take a nap in my office?" and discourage me from crossing busy Canal Street to get lunch. On a plane, this mental state would be useful; at work, it's detrimental.

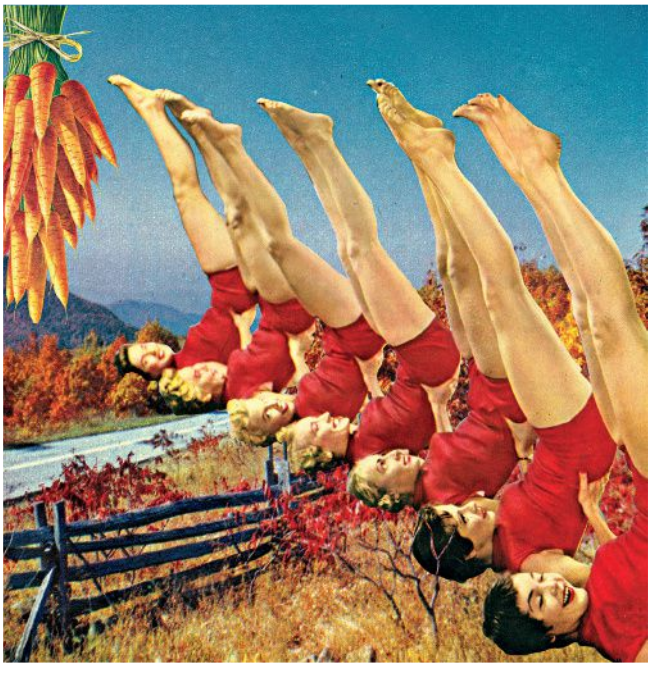
A few hours later, I have a call scheduled with Mehta. I'd thought my buzz had worn off, but halfway through the interview, I notice my tape recorder has stopped working—and I do nothing. I'll worry about it tomorrow. "The placebo effect," Mehta tells me just before our conversation cuts out, "might be the most powerful tool in medicine." But I'm not so sure Calm was all in my head.

2.
I Tried a "Smart" Kegel Trainer

BY ANONYMOUS*

THE BENEFITS OF PELVIC-FLOOR strengthening (a.k.a. Kegel exercises) are said to be many, including reduced incontinence and increased vaginal stimulation. Apparently, though, there's a wrong way to do them. That's where the vibratorlike kGoal trainer comes in, monitoring (with, yes, another mobile app) which muscles are engaged and how effectively and often you're engaging them, and offering a series of "workouts" to whip that vagina into shape.

* *See orgasm confession below.*



Step 1: Insert the bulbous portion of the claw-shaped silicone kGoal in your person, while the "control arm" rests on your pubic area. I found the best position was lying down on my back with my legs in a gentle butterfly position. And do use the included packet of lube—losing my kGoal virginity was probably more uncomfortable than losing my actual virginity.

Step 2: Push a button on the arm to sync via Bluetooth with your iPhone or Android.

Step 3: Start the five-minute workout with a ten-second calibration exercise, activating the pelvic-floor muscles so the device can detect them.

Step 4: Follow the app through multiple rounds of three types of exercises—a sustained hold challenging your endurance; a slow back and forth, during which contractions must match the speed and level of a control line; and a rapid pulsing of the muscles, also in time with the app. The device's vibrations vary depending on whether you're squeezing the correct way, with the pelvic floor, or making the common mistake of just using your glutes. (The sensation is like using an ineffective vibrator: It brings you to the brink of orgasm without delivering.)

Step 5: Read your score, rating a composite of your strength, control, and endurance on a scale of zero to ten. The first time, mine was a paltry 4.9; by day three, I'd improved to a 7.9. Though there weren't any immediate benefits—I haven't recently had a baby and don't struggle with incontinence—I did discover how to hack your kGoal so it doubles as a vibrator. Just lift your hips like you're doing a glute bridge, which activates a sustained vibration. Engaging your pelvic-floor muscles controls the intensity, and … yep, well worth the $149.

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3.

I Wore a Headband to Help Me Be Mindful

BY JESSE SINGAL

One of the most common meditation exercises is focusing on your breath, even by simply counting every exhalation. This should be easy. There are lots of reasons (better capacity to handle adversity, being more like Anderson Cooper) to do it. There are also lots of apps out there to guide you. But I'm too neurotic for things that should be easy. So I enlist the help of the Muse "brain-sensing" headband ($299 at choosemuse.com). It looks like something Geordi La Forge might've sported on *Star Trek* and tracks your neurological activity, supposedly by measuring the ratio of your alpha to delta brain waves. An accompanying app alerts you when the mind wanders: If I hear water, I'm being mindful; if the wind picks up, I'd better get back to concentrating on my breathing.

I count my exhalations up to ten, per the app's instructions, then start again from one, repeating this until I've reached the three-minute minimum (20 minutes is the max). When I'm done, I see a nice, simple breakdown of how much time my brain spent in "calm" (good!), "neutral," and "active" (bad) states, complete with a wavy line graph and tally of points.

One time, I try to fake out the device, spending the second half of a session frantically thinking about how I and everyone I know will someday die. But the graph ends up looking rather like all my other sessions. Andrew Cole, a neurologist at Massachusetts General, said he was more than skeptical that any of this brain-reading is actually possible. A Muse spokeswoman said numerous clinical trials are planned, though none she mentioned involved actually testing that the device is measuring what it says it's measuring.

All that said, two weeks into my experiment, walking through Soho on a Sunday—throngs of tourists and aggressive "Rolex" salespeople on every block—I found myself doing the counting-my-exhalation thing. And it totally works.

4.

I Got Psychotherapy Over Text

BY JESSICA ROY

"HI! I STRUGGLE WITH anxiety and I was just looking for someone to talk to," I write.

"Do you want to share more about what your anxiety is like?" my therapist replies. We are communicating through an app you might've seen advertised on the subway called Talkspace, where sessions are conducted over a secure messaging platform.

I share. She says she imagines it's hard to do day-to-day things when you're feeling obsessive about things you can't control. Then she sends me a button to sign up for Unlimited Messaging Therapy, along with a $25-off coupon.

Turns out this was just my "consultation therapist." So I sign up. I fill out a form of basic questions. Then I'm assigned a therapist, at which point I learn that the messaging will not be instant but something more akin to email. I'm encouraged to send missives throughout the day that the therapist can respond to in her own time. That gives me anxiety. (Presumably, if I had written something more dire at the outset, the "consultation therapist" would have directed me to the suicide-prevention network that Talkspace is affiliated with.)

Still, I play along. I tell her about my fears of large gatherings and resistance to last-minute plan changes. "I think we should spend some time exploring your thoughts and talking through them :)," she writes, repeating that sentiment in various iterations, either because that's what therapists do or because she wants me to keep reupping my monthly $99. She also asks a lot of similar versions of the question "What situations specifically make you anxious?" Too many to type with an iPhone keyboard.

"For some people's lives," says Dr. Michele Ybarra, director at the Center for Innovative Public Health Research, when I ask her about this text-shrink phenomenon, "it's online therapy or nothing." As a New Yorker, that's not me. It may be cathartic to send bad feelings into the maw of the internet, but isn't that what Twitter's for?

5.

I Took Health Advice From My Stretch Pants

BY ALLISON P. DAVIS

Athos smart clothing will see your pedometer bracelet and raise you a pair of heinously uncomfortable Capris. The Bay Area–based company has devised a line of fitness gear that syncs with an iPhone app, using a real-time heat map to show you which muscles you're working and how hard. It will provide a truly impressive amount of personal-health data—if you can survive such an awkward workout.

The material is stiff and heavy in order to contain all the sensors. (The pants employ electromyography—the same technology used in hospitals to assess the health of muscle and nerve cells.) The sensors themselves are tight, inflexible bands that wrap around my legs like a boa constrictor. What's more, it's recommended the pants be hand-washed, which means I didn't wash workout pants for three weeks.

I go through a series of reverse-squat kicks, glute bridges, and jumping lunges while Athos records my movements using a color-coded system to indicate how much muscle I exert, blue being the lowest and red the highest. If I ever used 96 to 100 percent (I never did), the app would flash white as a warning to calm down.

When I study the playback, I discover I favored my left side, hardly activated my glutes, and spent most of my workout time in a blue period that rivaled Picasso's. Great. I now understand that my exercise routine is borderline shameful, but how do I change it?

I stuck with Athos for two weeks. Only after I asked a trainer at the gym how to correct my movements did my heat map turn mostly yellow and orange and my butt feel slightly firmer. All considered, I think I'll stick with analog pants.


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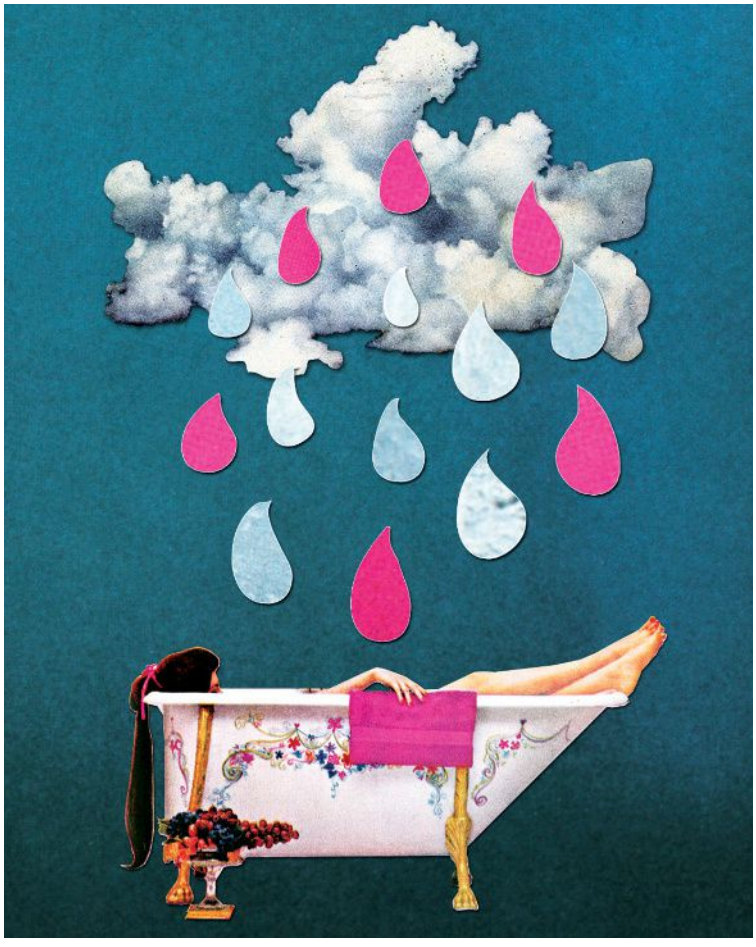

6.

I Showered Only Once a Week

BY MELISSA DAHL

YOUR DAILY SHOWER is bad for you, or so goes the argument of dermatologists who say too-frequent ablutions rob the skin of moisture and kill off its protective layer of good bacteria. But will showering less (sticking to spot-cleaning only) leave me a greasy, smelly mess? Here, five results of my very French month.

(1) My body temperature felt permanently elevated on the days I didn't shower, just below being uncomfortably warm. It's not clear exactly why this was happening, but Joshua Zeichner, a dermatologist at Mount Sinai hospital, has a theory, and it is disgusting. Our bodies maintain a comfortable core temperature by sweating; evaporation of that sweat is what keeps us cool. "Maybe accumulation of dirt, oil, pollution, and sunscreen on the skin blocked normal sweating, making you feel hot," Zeichner suggested.

(2) Day one of not showering felt pretty much the same as day five, a sensation backed by science: Elaine Larson, associate dean for research at Columbia University's nursing school, described for me an experiment conducted by a former colleague who cultured the skin of subjects before, during, and after not bathing for seven days. After a few days, their skin didn't get any "dirtier," microbiologically speaking.

(3) A week in, the skin on my elbows, knees, and ankles felt softer, as did my typically dry cuticles.

(4) No one seemed to think I stunk, not even my boyfriend. On the Friday of the second week, I Gchatted him to ask how he honestly felt about the way I was looking and smelling. He hadn't even realized that the experiment had started.

(5) When I got tired of smelling (to me, anyway) like a weird cocktail of dry shampoo and sweat and went back to normal showerings, my newly soft skin dried out almost immediately. Once a week was maybe excessive, but I could get behind every third day—more like the British.

7.

I Fasted Two Days a Week to Lose Weight

BY SARAH MILLER

THE BASIC IDEA behind intermittent fasting—little to no eating a couple of days a week punctuated by normal eating—is that our ancestors fasted when they couldn't find meals, and though we evolved to perform better physically and mentally when we give our organs a break from food, we never do. But I did. For a month.

Week 1

→ Monday:
I've decided that Mondays and Thursdays will be my fasting days, which means no more than 500 calories: black coffee, two eggs, salad with tuna, no dressing, the end. (Sob.) In a radio interview, Dr. Michael Mosley, co-author of the best-selling *The FastDiet,* advised in a soothing British accent that more protein at breakfast would regulate blood sugar/make life tolerable. I write down, "Buy ham."

→ Tuesday/ Wednesday:
A magical haze of sandwiches and pasta (I do stay under the recommended 2,000 calories) and preparatory ham shopping.

→ Thursday:
Ham, shmam. I wish Dr. Mosley were around so that I could eat him.

Week 2

→ Monday:
I've lost two pounds!

→ Wednesday:
I've lost the concentration to do so much as read a sentence. Writing one—doing my job—is out of the question. I consult Mosley, who promises that after two weeks, the hunger passes.

Week 3

→ Monday:
The Ham Liar lied twice. I am still miserable—and my weight has gone up.

→ Wednesday:
"Women can't lose weight fasting," my friend says. "Hormones." I Google "fasting women hormones" and find this is indeed a thing.

→ Friday:
I consult Dr. Sara Gottfried, author of *The Hormone Reset Diet.* "You need your insulin and your glucose to be in better partnership to lose weight," she says, noting that at my age, 45, I probably have high estrogen (true) and likely also have insulin resistance, meaning my insulin dislikes burning food as fuel and loves making my cells store fat. Also: Fasting makes blood sugar shoot up as the body panics it's going to starve.

Week 4

→ Wednesday:
Still two pounds heavier. Would time turn things around? I will never know, because I have moved on. Dr. Gottfried's book says I can lose 15 pounds in three weeks, fixing my insulin resistance by temporarily quitting sugar, flour, coffee, and booze. I'm in.

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THE PHARMACIST

Name: Stanley George
Age: 41
Neighborhood: Hell's Kitchen

My medicine cabinet has a two-part strategy. One is for daily maintenance, and the other is for situations which may arise: Band-Aids, first aid, headaches, asthma attacks, a temperature, a cough. You've got to have stuff on hand, because it's no fun going to the drugstore—unless you go to Stanley's, that is. The others are daily-maintenance things. On the top shelf, there's an Alkalol nasal wash. When you live somewhere as polluted as New York City, especially in allergy season, it makes you feel so good. On the bottom shelf, there's a natural deodorant cream based in kale and clay and arrowroot powder. I put it on before I work out in the morning, and it works so well I wear that same T-shirt to work. The asthma inhaler is for my daughter, poor thing. So are those Isaac Mizrahi Band-Aids. My daughters go to those way too quick. The last thing I used in here were those Epsom salts—last night I ran a hot-water bath and dumped about half the carton into there. Let's just say if you've had too much of whatever, it helps you sweat it out.

→

THE DANCER

Name: Riccardo Battaglia
Age: 23
Neighborhood: Park Slope

It's mostly ibuprofen. One big box that's 600 milligrams and another one that's 200 milligrams, and then I have gel, too, if I need it on a certain spot. Usually in the winter, I get colds easily, so I keep medicine for that: sore-throat medicine, cough pills, pills for fever. I also have a generic antibiotic. Almost all my medicine is from Italy, where I'm from. I do buy medicine sometimes here, but it's easier just to bring it back when I go home. Vichy is a cream I use if I'm going to get pimples on my face. And there's the rose water: I perform with makeup on, and when I take it off I use the rose water—it helps my skin. Domperidone is for—damn, I should have taken that out. It's for stomachaches, and for … you know.

Photographs by Bobby Doherty


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KLACID 500 mg
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ROBERTS

THE RETIRED DENTAL ASSISTANT
Name: Esther Arnold
Age: 68
Neighborhood: Forest Hills, Queens

It's a busy cabinet, unfortunately. Most of the medicine is to control my lupus. Sometimes I have diarrhea because I have IBS, so for that I keep Kaopectate and Imodium. I take a baby aspirin a day, because I've had two strokes. The usual Band-Aids, toothpaste, vitamins—I take calcium because I have the beginnings of osteoporosis, even though I do take a medication that's intravenous once a year, Reclast. And then I do vitamin C time-release to avoid a kidney infection, which I get very easily because of the lupus. I take Zyrtec daily for allergies. I'm also allergic to iodine, so when I go for tests with contrast, they have to pre-medicate with prednisone and Benadryl. One of the medications that I take for lupus, Lyrica, damaged my esophagus. So they cut out the Lyrica. I was also taking Plaquenil, which is a malaria drug that stops the progression of the lupus. However, because of what had happened they had to take me off of it. So I'm going through a hard time with pain.

THE MODEL AND PHOTOGRAPHER
Name: Louise Parker
Age: 25
Neighborhood: Flatiron District

A lot of the perfumes, lotion, makeup, nail polish, hair stuff—I got them for free, perks of being in the business. I care mostly about what moisturizers I'm using on my face, what makeup removers. La Mer is my favorite; I use it at night. I mix it with this thing I got really recently from Into the Gloss, La Prairie—just a drop—before I go to bed, and then when I wake up I use the Embryolisse, which is a French lotion and is really cheap. The bottle next to it is this Tom Ford illuminating primer. I don't really wear makeup, but that's the one thing I'll put on in the morning, on my cheekbones to give me some shimmer. I have a bunch of hair products that I use because my hair gets damaged from being done all the time. I don't know what that Euphon is—I live with my boyfriend, Louis, and I cleaned out a bunch of his stuff and found it; it's some sort of French syrup. The Old Spice is mine, though. I only use men's deodorant—I hate women's. I get sick when I'm traveling too much, so I have Midol and Pepto-Bismol for when I'm not feeling great. That little bottle is oil from a resort I stayed in, in Costa Rica. The yellow box on the top shelf—well, I haven't tried it yet, but it's a skin-tightening moisturizer. Who knows if it works.

THE DRAG QUEEN
Name: Ben Strothmann (a.k.a. Honey LaBronx)
Age: 36
Neighborhood: Hell's Kitchen

The top three and a half shelves are pure essential oils that I mix into different blends. The blends I keep on the bottom shelf, and they're labeled. I use them to make my own deodorant, to make something to treat sunburn, to make something to help promote sleep, to make a muscle relaxer. I have a product I call medieval oils. It's a blend of cinnamon, clove, lemon, eucalyptus, and rosemary. It's basically anti-bacterial, anti-viral, anti-spasmodic. It's anti-Mame! (That was a theater joke.) It was invented to prevent and treat the bubonic plague, but I use it to treat blemishes and as a mouthwash. I put three drops of it on my tongue and swish and swallow, and after I do that, it's so strong that it'll even defeat your coffee breath for a good three hours afterward. I also use it for a base for deodorant—I add lime and patchouli and some sandalwood. The deodorant that I make, it lasts for 24 hours. And a day after I put it on, I actually smell better, because these oils seep deep into your skin and they continue to cook and blend. I invite anyone to wake me up in the morning and smell my underarms. I know that's a bold statement.

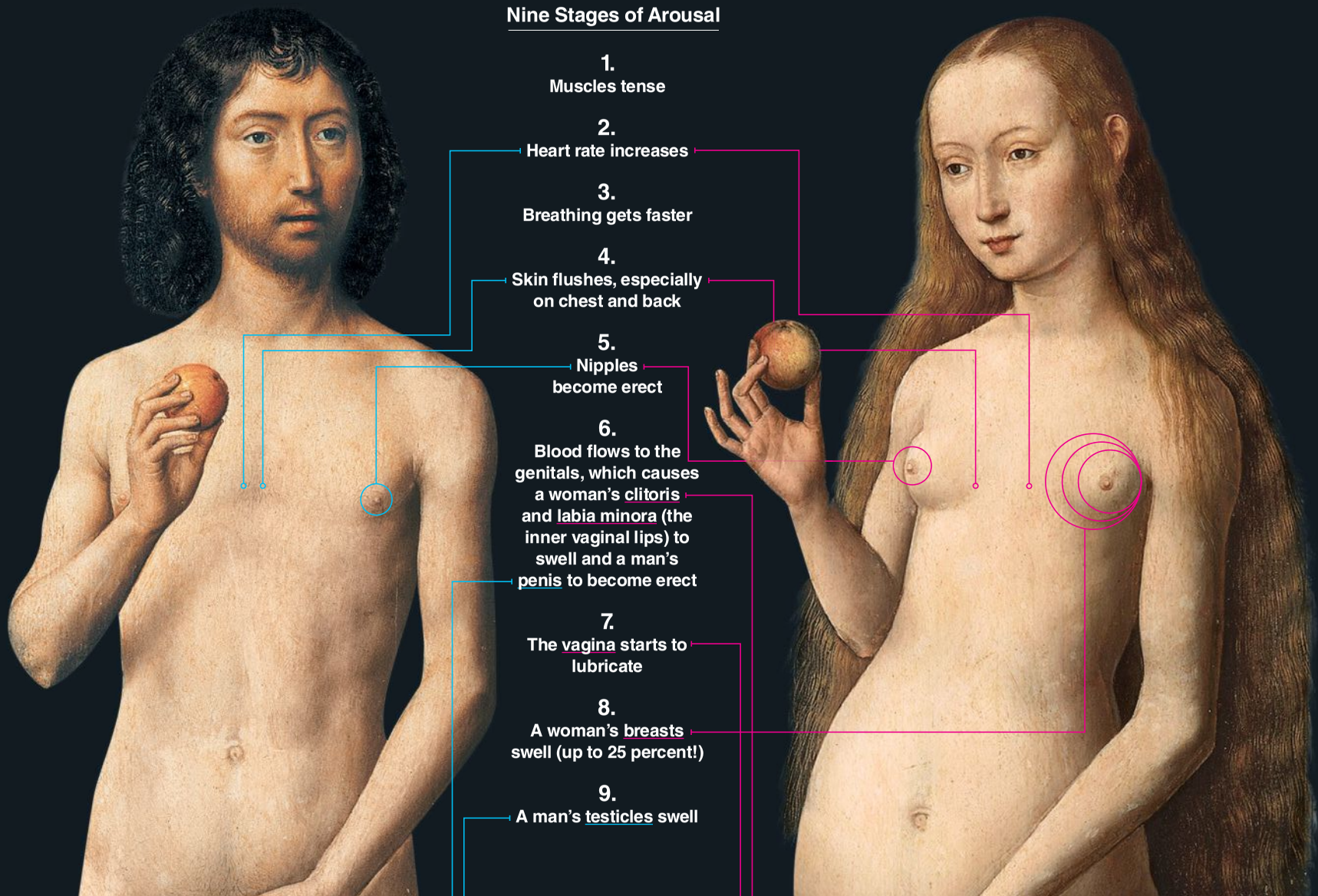
AS TOLD TO KATY SCHNEIDER


eucalyptus
Frankincense
grapefruit
lavender
lime
rosemary
Sandalwood
Patchouli
Tea Tree Oil
Vanilla
Castor Oil
Cold Pressed and
Cold Processed
COCONUT OIL USES
OIL PULLING
SKIN CARE
HAIR CARE
Brad's Organic
Extra Virgin
Coconut Oil
UNREFINED
Muscle Relaxer
Deodorant
Sunburn
Burns
KISS
everlasting
BLACK
NAIL ENVY
O·P·I

Science of Us

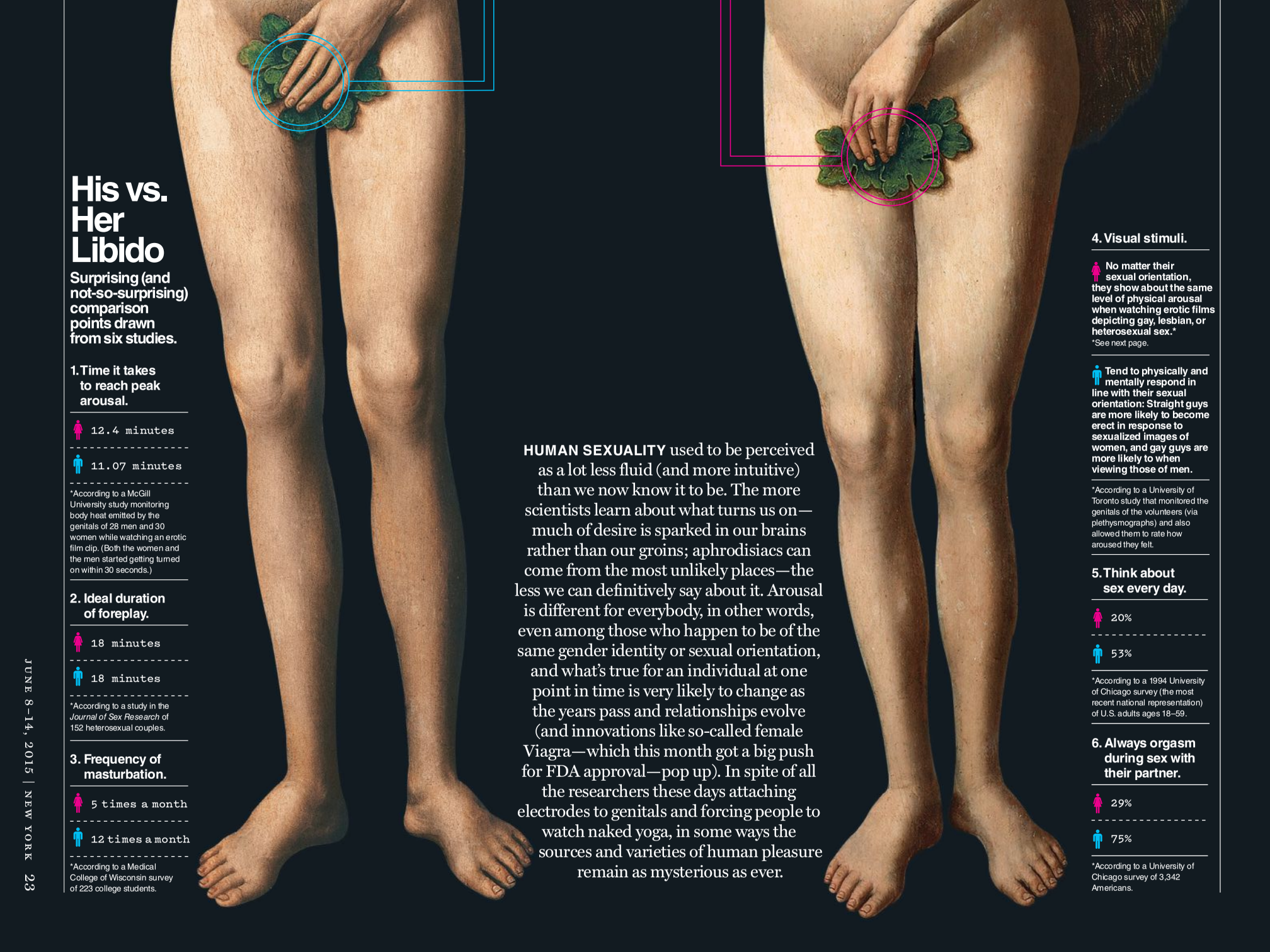
The Everything Guide to the Libido

Oysters don't help, but monkey porn might … and other findings from the forefront of desire research.



Nine Stages of Arousal

1. Muscles tense
2. Heart rate increases
3. Breathing gets faster
4. Skin flushes, especially on chest and back
5. Nipples become erect
6. Blood flows to the genitals, which causes a woman's clitoris and labia minora (the inner vaginal lips) to swell and a man's penis to become erect
7. The vagina starts to lubricate
8. A woman's breasts swell (up to 25 percent!)
9. A man's testicles swell



His vs. Her Libido

Surprising (and not-so-surprising) comparison points drawn from six studies.

1. Time it takes to reach peak arousal.

♀ 12.4 minutes

♂ 11.07 minutes

*According to a McGill University study monitoring body heat emitted by the genitals of 28 men and 30 women while watching an erotic film clip. (Both the women and the men started getting turned on within 30 seconds.)

2. Ideal duration of foreplay.

♀ 18 minutes

♂ 18 minutes

*According to a study in the *Journal of Sex Research* of 152 heterosexual couples.

3. Frequency of masturbation.

♀ 5 times a month

♂ 12 times a month

*According to a Medical College of Wisconsin survey of 223 college students.

HUMAN SEXUALITY used to be perceived as a lot less fluid (and more intuitive) than we now know it to be. The more scientists learn about what turns us on—much of desire is sparked in our brains rather than our groins; aphrodisiacs can come from the most unlikely places—the less we can definitively say about it. Arousal is different for everybody, in other words, even among those who happen to be of the same gender identity or sexual orientation, and what's true for an individual at one point in time is very likely to change as the years pass and relationships evolve (and innovations like so-called female Viagra—which this month got a big push for FDA approval—pop up). In spite of all the researchers these days attaching electrodes to genitals and forcing people to watch naked yoga, in some ways the sources and varieties of human pleasure remain as mysterious as ever.

4. Visual stimuli.

♀ **No matter their sexual orientation, they show about the same level of physical arousal when watching erotic films depicting gay, lesbian, or heterosexual sex.***
*See next page.

♂ **Tend to physically and mentally respond in line with their sexual orientation: Straight guys are more likely to become erect in response to sexualized images of women, and gay guys are more likely to when viewing those of men.**

*According to a University of Toronto study that monitored the genitals of the volunteers (via plethysmographs) and also allowed them to rate how aroused they felt.

5. Think about sex every day.

♀ 20%

♂ 53%

*According to a 1994 University of Chicago survey (the most recent national representation) of U.S. adults ages 18–59.

6. Always orgasm during sex with their partner.

♀ 29%

♂ 75%

*According to a University of Chicago survey of 3,342 Americans.

Nine Things We Now Know About What Turns Us On

BY MELISSA DAHL

1. Porn isn't going to screw up your sex drive.

You've likely heard that pornography can be destructive for real-life relationships. Too much porn, the thinking goes, desensitizes the viewer to erotic images and makes it more difficult to become aroused in real-life sexy situations. Some have even claimed that men who frequently watch online porn are more likely to struggle with erectile dysfunction. Earlier this year, however, a pair of studies were published that found no correlation between porn viewing and erectile dysfunction. Other research has even suggested that both men and women with a casual porn habit report having more frequent and higher-quality sex compared with people who don't watch porn.

2. Bisexual men tend to be more sexually adventurous overall than gay or straight men.

Previous research had suggested that bisexual men's bodies respond more strongly to erotic images of men than to those of women, a finding that contributed to the (unfair and outdated) skepticism over whether bisexuality is a distinct sexual orientation. But a 2013 study highlighted a key characteristic that may explain why some bi men get turned on by women and some don't: sexual adventurousness. Bisexual guys who are drawn equally to men and women tend to score higher in sexual curiosity—in other words, they show more interest in a wider range of sexual acts. The authors argue that this means that, even within the seemingly discrete category of "bisexual men," there is a fair amount of sexual fluidity.

3. As viewers of *The Kids Are All Right* may remember, some lesbians like to watch gay-male porn.

In case you needed more proof that human sexuality is an often unpredictable thing, there's a study by Irish and Canadian researchers in which they interviewed lesbians about their porn preferences. Most of the women quoted didn't care for girl-on-girl porn, saying they found the films unrealistic and clearly made by and for straight men. ("For the guys, it's like, *Oh, make them both cute and femme,* because they don't want to have this masculine dyke in there," said one woman after watching a clip from *Lesbian Cheerleader Squad 2*.) Instead, many lesbians are drawn to erotic films depicting two guys getting it on. That's partially because women tend to have more erotic plasticity than men—that is, they're turned on by a wider variety of things. Sex researcher Meredith Chivers has found, for example, that while men tend to show physical arousal only in response to erotic films depicting their stated sexual orientation, women show similar arousal patterns when watching clips from gay-male, lesbian, and straight pornography, regardless of their orientation. (Plus, with guy-on-guy porn, you don't have the associated ickiness of women performing for a male audience.)

4. The (maybe) soon-to-be-approved "female Viagra" releases the brain's sexual brakes.

The drug flibanserin, intended to treat low sexual desire in women, isn't exactly the pink version of the little blue pill. Rather than pushing blood flow to the genitals, flibanserin targets key neurotransmitters that are involved in sexual response: dopamine, norepinephrine, and serotonin. The drug increases the amount of dopamine and norepinephrine, which are like the brain's accelerators when it comes to sexual response; at the same time, it turns down the level of serotonin, which is responsible for inhibition. Since 2010, the FDA has twice shot down flibanserin. Each time, the drug manufacturers couldn't prove to a review panel that the medication's benefits were greater than the risks it posed. Flibanserin gets a third chance at approval this summer—this month, an advisory panel was convinced that flibanserin is safe to use for women taking antidepressants and that the drug does not impair driving; the FDA won't make the final decision until August, but the committee's vote is highly influential.

5. Many transgender men and women experience changes in their sexual desire as they transition.

About 71 percent of transgender men report an increase in desire after sex-reassignment therapy, according to a 2014 study in the *Journal of Sexual Medicine*. "Trans men take testosterone, and testosterone really, really will increase the sex drive," said Stefan Rowniak, a nurse-practitioner and assistant professor at the University of San Francisco. The opposite is often true for transgender women, 62 percent of whom say their sexual desire drops after the therapy. And sometimes, but certainly not always, transgender people experience other changes in arousal while transitioning, such as whom they're aroused by. A 2014 study by German researchers found that 33 percent of trans women and 22 percent of trans men reported a change in their sexual orientation after transitioning—that is, some were now attracted to men, or women, or both, in ways they weren't

ARTWORK: PREVIOUS SPREAD, HANS MEMLING (1435–1494). PHOTOGRAPHS: DE AGOSTINI/GETTY IMAGES. ARTWORK: CURRENT SPREAD, THE FALL OF MAN BY MICHELANGELO, VATICAN MUSEUM, ROME, ITALY. PHOTOGRAPH: GETTY IMAGES. ILLUSTRATION BY ZOHAR LAZAR.

6.

Jerry Seinfeld was right: There's good naked, and there's bad naked.

Meredith Chivers is somewhat famous in her field for showing study subjects a wide range of visual stimuli in order to assess what kind of imagery tends to get people going. In one study, her human lab rats watched all sorts of films, including some of people exercising naked. Set to background music, those movies depicted a lone nude person doing yoga,calisthenics, or simply walking. These were the least popular of all the films, resulting in the weakest arousal response.

before. Then again, plenty of post-transition transgender folks would prefer to keep sleeping with the same types of people as they did pre-transition—and for some, the sex gets much better. As one trans man told Rowniak about sex with his husband after transitioning, "The interesting part of being sexual with him as a man was [that it's] much better than being sexual with him as a woman, even though the act was pretty much the same."

7. One percent of the population likely isn't turned on by anything at all.

The science on asexuality has picked up lately. Last year, scientists at the University of British Columbia examined whether people who say they are asexual really just have extremely low sexual desire. They don't. On the contrary, asexuality, like homosexuality or heterosexuality, seems to be a distinct sexual orientation. This year, that same research team developed a 12-item survey that, they argue, can identify asexuals. It's called the Asexuality Identification Scale, or AIS for short, to mimic the nickname some asexuals give themselves: aces.

8. Zoophilia may be the most common uncommon turn-on.

Researcher Justin Lehmiller last year ran a survey for readers of his popular blog, Sex and Psychology, asking them to share the "most unusual" things that make them sexually aroused. As Lehmiller combed through the answers, a theme emerged: sexual attraction to animals, horses especially.

9. Oysters are a sham.

Although many foods have been touted as aphrodisiacs, there is little to no scientific evidence that any of them, including oysters, actually boost sexual desire. Most people who swear by aphrodisiacs have probably just experienced a change in sexual desire because they strongly believed that they would. Put that way, pretty much anything can be an aphrodisiac if you want it to be.

What's Eating Your Libido?

Fine-tuning your sex drive.

BY KAYLEEN SCHAEFER

THE PROBLEM:

Monogamy.

➔ When you're with the same person for a long time, "there can be a rigidity to your sex life," says Gail Saltz, M.D., author of *The Ripple Effect: How Better Sex Can Lead to a Better Life*. "We do it the same way every time. 'I squeezed your boob. I touched your crotch. I come inside. I roll over and go to sleep.' It's almost like a habit rather than having any emotional content."

THE SOLUTION:

➔ Researchers have found that couples who were encouraged to think about sex as a means of improving their relationship—by making their partner happy or enhancing the intimacy between them—reported feeling more daily sexual desire, a result that maintained itself over the four-month period of the study. It's called sexual communal strength, and it's one of those examples of the counterintuitive and, frankly, selfish pleasures of giving.

THE PROBLEM:

The desire gap.

➔ The way most people think about their libido goes like this: A particularly hot thought crosses your mind, or a particularly hot person crosses your path, and suddenly the urge to get it on hits you like a lightning bolt. Desire is indeed sparked in this out-of-the-blue way some of the time for some people, but, crucially, most of them are men. Emily Nagoski, Ph.D., the author of *Come As You Are: The Surprising New Science That Will Transform Your Sex Life,* terms this "spontaneous desire" and estimates that the libido operates like this for around 75 percent of men but only 15 percent of women.

THE SOLUTION:

➔ Just do it. "A lot of women find that desire follows arousal, sort of like when you don't realize you're hungry before you take a bite of food," says Charlie Glickman, Ph.D., a sex coach who blogs at makesexeasy.com. "The more that you don't, the more that you won't," adds Saltz. "There does have to be a certain amount of 'Tonight, we just are.'" (Which is not to suggest having sex when you don't want to, but rather when you *want* to want to.) And for some people, the hottest turn-on is feeling like *they're* the turn-on—a theory known as "object of desire self-consciousness." The Canadian researchers who coined the term have found this may be especially true for women, who ranked "the way my partner looks at my body" above "the sight of my partner's body" on the sexiness scale.

THE PROBLEM:

Out-of-control libido.

➔ Your body can act turned on even if your brain isn't into it. Lab studies show a 50 percent overlap between genital arousal and subjective arousal for men. For women, arousal in the body and brain coincide only 10 percent of the time. A good example of that brain-body disconnect: Women can get physically turned on from watching what is essentially chimp porn. When women in a recent study watched videos of bonobos having sex, their genitals responded—not as strongly as to human porn but more strongly than to a nonsexual film.

THE SOLUTION:

➔ When the physical and mental aren't lining up, try expanding what sex can be beyond simply genitals touching, says Glickman. "What kind of sex might feel good to you? Can he or she kiss and hold him while he masturbates? Reframe it so you can try to get that need met." Using a sex toy can give you an alternative to intercourse, but Saltz says to ignore the newer models, like fingertip vibrators, and grab the tried-and-true Hitachi Magic Wand instead. "The problem with these teeny-weeny ones is that they don't have much power," she says.

THE PROBLEM:

Low T.

➔ As men age, their testosterone levels drop, which supposedly decreases their libido. Researchers say that as many as 10 percent of men in their 40s experience this, and up to 80 percent of men older than 70 do. Testosterone can also plummet because of antidepressants such as Paxil and Prozac.

THE SOLUTION:

➔ These men are often prescribed supplemental testosterone, which can reinstate their desire for sex. In the event that it doesn't, notes Justin Lehmiller, remember that sexual desire is best thought of as depending on a combination of biological, psychological, and social factors—and low T may be just one piece of the puzzle.

ILLUSTRATION BY ZOHAR LAZAR



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b. Tops in the field.

c. In my insurance network.

d. Close to home.

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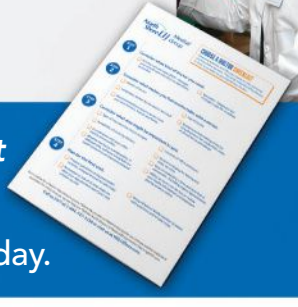

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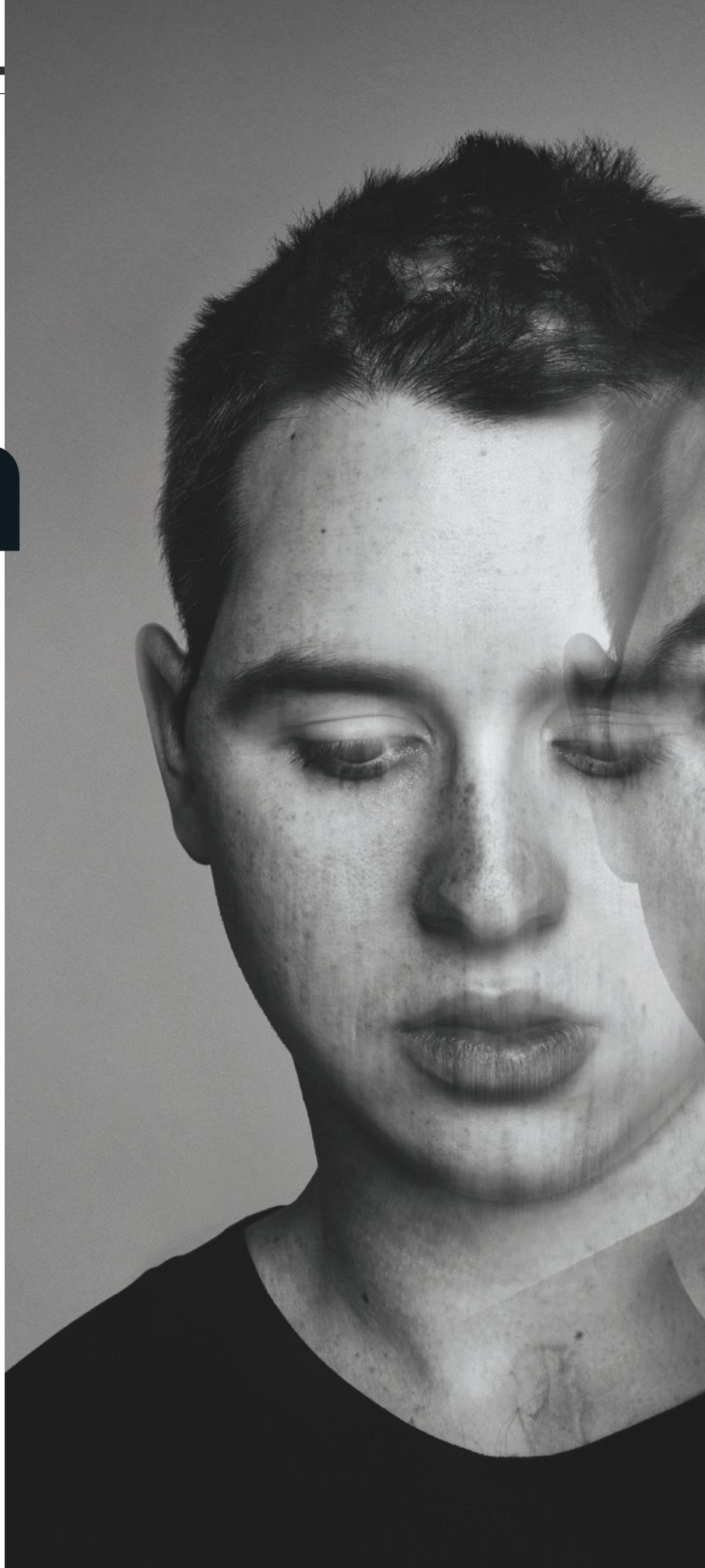
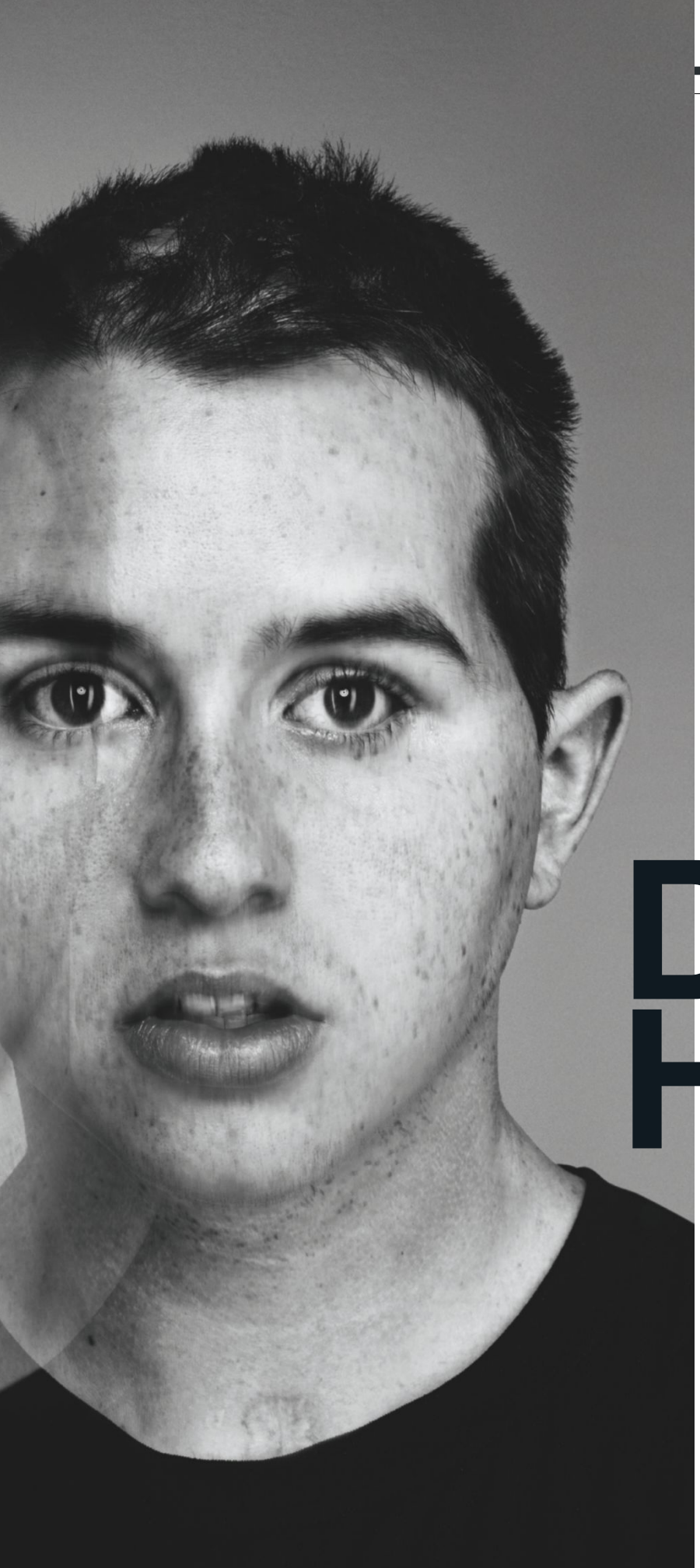
The Storm in



Dylan Rizzo, → April 2015



Dylan's Head

One patient's long and perilous crawl back to consciousness.

By **STEPHEN S. HALL**

Photograph by **Dylan Coulter**

DAY ZERO

Despite its encircling fortress of bone, the human brain is especially vulnerable to physical insult.

There are approximately 1.7 million traumatic brain injuries in the United States each year, and although most of them are mild or moderate, thousands result in severe brain damage. Those injuries always happen on the same day: day zero, a day that marks the start of a fateful and often flawed prognostic calendar.

For 19-year-old Dylan Rizzo, day zero was December 28, 2010. Tall and slender, with dark hair and a sly sense of humor, Dylan possessed bright eyes and a wry arch to his smile, like a younger James Franco. In word and deed, he was a sports nut. He played hockey and high-jumped at his high school in Lynnfield, Massachusetts, just north of Boston, and rooted passionately for the Bruins.

During the normal part of day zero, Dylan and his father, Steve, watched a local hockey tournament, then went to a family dinner at his grandmother's house. Around 8:30 p.m., Dylan left in his car, stopping to drop his sister off at home. Before heading to play video games at his friend Ryan's house, he called his mother to complain. He couldn't find his Xbox controller.

"You always move my stuff!" he said.

"No, I don't," Tracy Rizzo replied firmly. After hanging up, Tracy found the controller in the backseat of her car. "I called Dylan," she recalled. "He didn't answer. So I called him again." Still no answer. So she texted Ryan: "When Dylan gets there, just tell him I got the controller."

A few moments later, Ryan called back. He said there had been an accident.

DAY 1

WHEN EMERGENCY responders arrived, they found the driver's-side door of Dylan's SUV crunched into a telephone pole. Dylan was slumped in his seat, unconscious. His breathing sounded like the gurgling of a straw in a near-empty cup. Dylan had traveled barely 200 yards before striking the pole, possibly after hitting a patch of black ice. He wasn't wearing a seat belt.

It took emergency responders eight minutes to pull him out of the car. There was so much blood and lacerated flesh that medics could not insert a breathing tube during the 29-minute ambulance ride into Boston. Some of the responders doubted Dylan would be alive by the time he reached Massachusetts General Hospital.

At the hospital, Dylan had a CT scan to assess the damage and was then rushed into surgery, where neurosurgeons removed the left side of his skull and part of the right in an effort to stop multiple brain hemorrhages. By the time he was transferred to the neuro intensive-care unit, he was a swollen-faced sphinx, eyes closed, head wrapped in bandages, pin-cushioned with needles, and on a ventilator. His face had been shattered; his left leg was broken. And he was in a deep coma.

To gauge Dylan's chances of regaining consciousness and achieving a meaningful recovery, doctors would rely on standard time lines, and their prognosis would inform treatment options. At each critical juncture of Dylan's journey—the first three days, the first two weeks, the next two months—they would struggle to balance intervention with compassion, while trying to discern the fine and shifting line between hope and hopelessness.

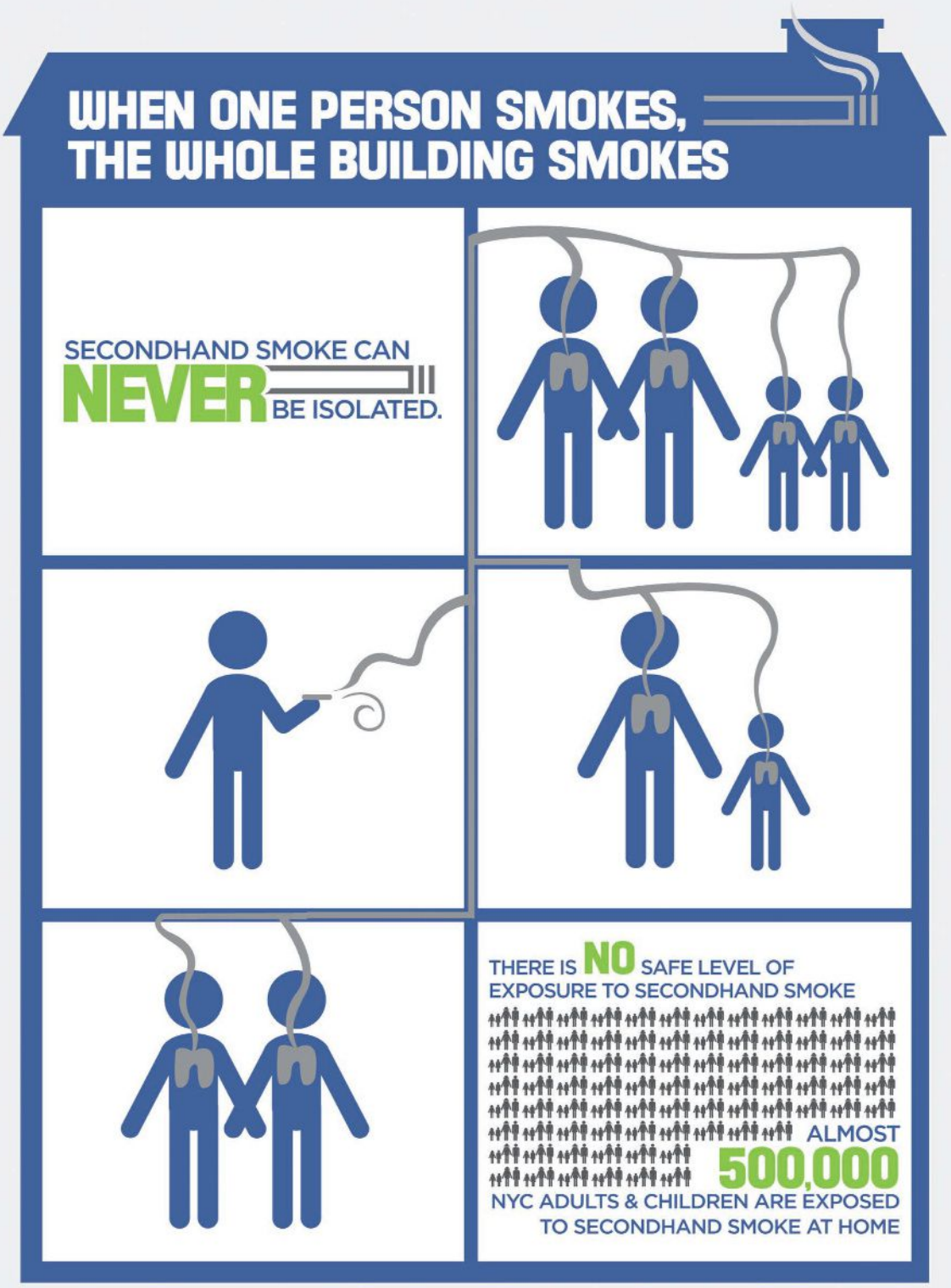
But as neurologists acknowledge, early prognosis is extremely difficult, diagnosis is often flawed, and the time lines that guide recovery predictions are increasingly defied by patients who don't obey the statistics. For severe brain injuries, these early decisions are particularly fraught, haunted as they are by the legacies of Karen Ann Quinlan and Terri Schiavo, two young women whose prolonged vegetative states became legal and symbolic battles for the right to die rather than be kept alive in a state of unconsciousness by machines. Complicating this situation is a wave of new neurological research that suggests many seemingly unconscious patients have more consciousness than previously believed and, despite the severity of their injuries, a significant chance of meaningful recovery. Put simply, neuroscience is changing the meaning of "hopeless."

DAY 2

DYLAN CAME FROM a small town and a big family. One of the first Fire Department responders was the father of Ryan, the friend with whom he had planned to play video games, so word quickly spread about the accident. By the time Tracy and Steve reached Mass General that first night, there were nearly two dozen family members already in the waiting room.

To keep everyone informed, the Rizzos issued daily updates on the website CarePages. Their online diary became a kind of parallel chart. "Dylan was recently involved in a car accident," the initial entry began. "He is currently stable, but still in critical condition … The next 3 days will be tough, but he is fighting hard to get through this."

Neuroscientists and philosophers still can't agree on the essence of consciousness, but in the neuro ICU, it boils down to two necessary conditions: being awake (or aroused) and being aware. A coma is the loss of both these qualities. One of the revelations of the last decade is that disorders of consciousness are dynamic—patients can travel back from a coma through a series of way stations that are increasingly well



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marked, though still contested, by doctors and researchers.

DAY 5

"HE IS HAVING some issues today but the doctors and nurses are taking great care of him."

On their visits to the ICU, the Rizzos tried to connect with Dylan by playing an iPod filled by his friends with his favorite music. "We had that music playing right from the very beginning," said Steve. "*His* music." Some of the nurses thought the last thing Dylan needed was more stimulation, but it probably didn't matter. In order to hear, the brain needs to be aware. At the neurological level, a coma is like a deep sleep or anesthesia. The unaroused brain is a dormant circuit awaiting a kick from an internal generator. That generator resides in several "arousal nuclei," small clusters of cells barely bigger than grains of salt, in the brain stem; these clusters send minimal pulses of activity from the basement of the brain to the lobby and penthouse. When we're conscious, the clusters are our neural pacemaker, keeping the lights on when we're awake and shifting us down to sleep.

That same area of the brain stem also controls other autonomic functions of the body, such as breathing, heartbeat, and temperature regulation. The gurgling sound Dylan made after the accident, known as "agonal breathing," suggested that the accident had disrupted the function of his brain stem, which might even prevent him from waking up. But his doctors wouldn't know until they could do an MRI, and they couldn't do that until he became more stable.

DAY 8

"DYLAN IS FINALLY downstairs getting the MRI."

On the same day as Dylan's first brain scan, a neuropsychologist named Joseph Giacino walked into his room in the ICU and administered a bedside test known as the Coma Recovery Scale. Giacino pried Dylan's eyes open to see if there was any sign of visual tracking. There wasn't. Dylan ended up scoring one out of 23.

Giacino is not a medical doctor, but as the director of rehabilitation neuropsychology at Spaulding Rehabilitation Hospital and an authority on disorders of consciousness, he had been called in to consult on Dylan's case. (In 1991, Giacino and colleagues devised the Coma Recovery Scale.) Lean and impeccably dressed, with a close-cropped beard, Giacino is among a growing number of experts warning of what he calls a "rush to judgment" in predicting an outcome for brain-trauma patients. In a recent study of Canadian trauma centers, for example, researchers reported that one-third of the patients who came into the ER with severe traumatic brain injuries died. Half died in the first 72 hours after injury. Nearly two-thirds of those early deaths had life support withdrawn, suggesting that many of these cases were deemed hopeless in the first couple of days.

According to Giacino, it can take much, much longer for a patient's chances for recovery to become clear. Some recent medical literature suggests that if a patient displays any form of conscious awareness within 60 days, regardless of the severity of the initial injury, his or her chances are considerably better. As a realist, Giacino knows that hardly anyone—families, doctors, or insurers—can wait that long. "They've got to make decisions, you know, significant decisions, without letting another ten weeks go by," he said. As one of Dylan's doctors put it: "This idea that certain patients may not be given the chance to get better, that's heartbreaking to think of that potential outcome. But it's also heartbreaking to think of somebody ending up in a vegetative state who never would have wanted to be in that state. Either way, there can be unacceptable outcomes."

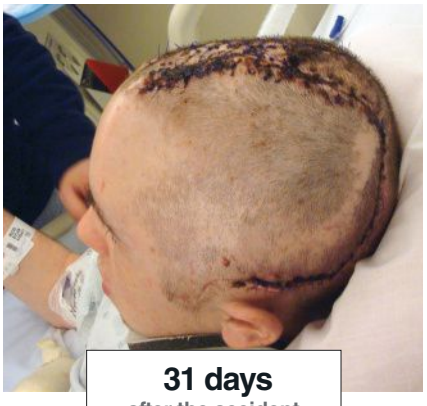
In an effort to improve prognosis, researchers have been experimenting with new MRI techniques that reveal damage to the white matter—the microscopic neuronal wires that connect distant parts of the brain. Brian Edlow, a neurologist at Mass General and a member of Dylan's treatment team, applied some of these new techniques in his MRI. When doctors pored over the images afterward, they were shocked by the amount of damage. "The MRI findings that we observed on day eight were devastating," recalled Edlow, "and were far beyond what one would expect just from the trauma." Most sobering was the carnage done to the white matter. In a car accident, the impact sends the brain banging and twisting inside the skull. "It's really those acceleration-deceleration forces that are most harmful to the brain," Edlow said, "because they shear or literally tear the axons, which are the wires that send signals from one part of the brain to the other." Dylan's MRI showed evidence of these frayed wires everywhere.

In his case notes, Giacino wrote that "the probability of recovery of functional, vocational, and social independence is low." He thought the best-case scenario was that Dylan would be severely disabled, but even that outcome would defy the odds. His team agreed it was a "highly unfavorable prognosis." That view would inform what one of Dylan's doctors, Ron Hirschberg, recalled as "some very frank conversations with the family."

DYLAN'S WAY BACK

68 days
before the accident

October 21, 2010
Celebrating his 19th birthday at home.



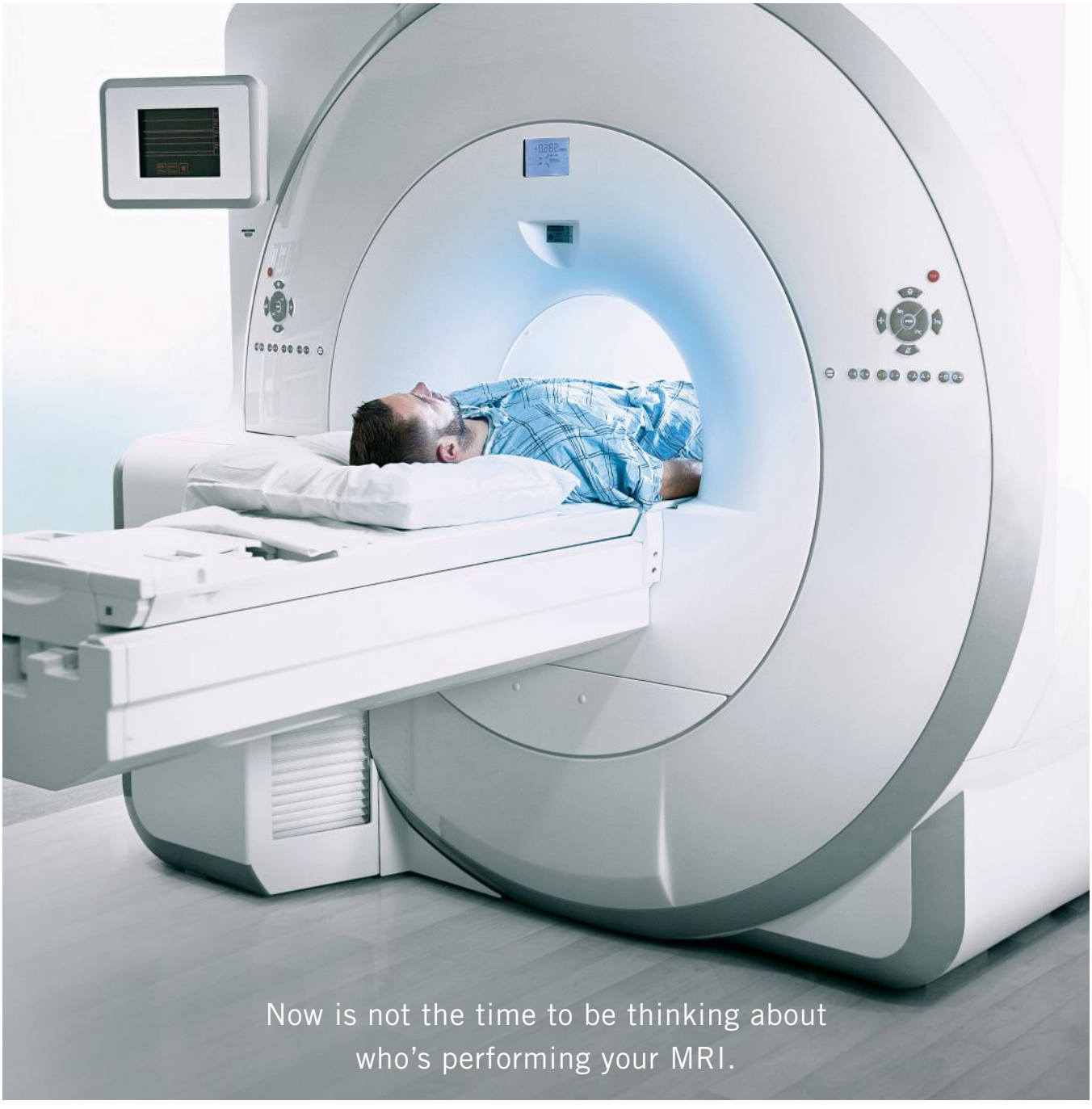
31 days
after the accident

January 28, 2011
Incisions show where parts of his skull were removed during surgery.

45 days
after the accident

February 11, 2011
Taking steps toward his mom, his first post-accident, with the help of two therapists.

PHOTOGRAPHS: COURTESY OF STEVE RIZZO



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DAY 10

"WE ARE WAITING for our meeting with a team of doctors who will give us more information about Dylan's injuries and rehab. We are so nervous and anxious about this meeting but know we need to hear it."

Dylan's family sat with his doctors in a small hospital conference room. "They showed us his scans—not that we knew what we were looking at," said Tracy, who asked her sister to sit in and take notes. "They said, 'See this area, this area, this grayish-whitish area? It shouldn't be that color.'"

Steve added, "They kept saying—it was like 90 percent of what we were looking at—'This will never recover, this will never recover.'" When the doctors asked if Dylan could accept a life of limited function and severe disability, the Rizzos heard an invitation to consider discontinuing aggressive care.

"They told us they didn't think he would ever be able to live at home, that he would probably be institutionalized, and have moments of clarity where he would recognize us," Tracy recalled as tears welled up in her eyes. "But they didn't think he would even have that."

These are impossible conversations, and doctors who treat severe traumatic brain injuries plan them carefully before walking into the room—how to navigate between realistic hope and frank assessment. They lay out possible scenarios and try to ascertain from the family what degree of disability would be acceptable to the patient. But 19-year-olds don't make living wills, and about the only factor in Dylan's favor was his youth.

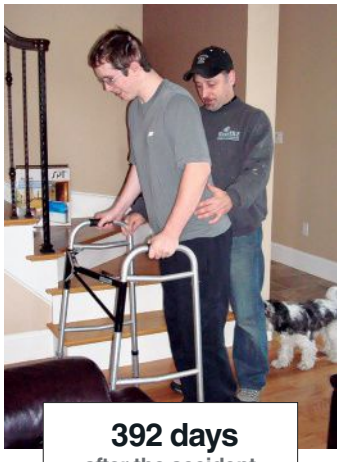
"They walked out of the room," Steve said, "and we all looked at each other and said, 'What just happened?'" Dylan's father jumped up, ran out into the hallway, and buttonholed one of the doctors. "Lookit," he said, "we don't need time to think. You need to do whatever you can do ... What would you do if it were your kid?" Rizzo got no disagreement from the doctor, who replied, "We want to do everything."

After the doctors left, Tracy and her sister sat in the conference room and cried for half an hour. Then Tracy said to the other two, "'When we go out there, we're not going to tell anybody this.' And we didn't. We came out, and they said, 'How did the meeting go?' We said, 'It was good. And we're going to do everything we can do for Dylan.'"

That night, Tracy posted to their CarePage: "It breaks our heart to tell you the MRI results were not what we hoped for. There is a lot of damage to Dylan's brain ... We have to tell you that he looks really good—you would never know how severe his injuries are." The family went on to report plans for his recovery—plastic surgeries to repair his face, new "bone flaps" to replace the missing skull, and eventually rehab. "I wasn't ready to just give up," Tracy said later. "And I didn't want anyone else to, either. So I didn't give them the opportunity."

254 days
after the accident

September 8, 2011
At the Crotched Mountain center in New Hampshire on a therapy bike.



392 days
after the accident

January 24, 2012
Back at home, using his walker with the help of his father, Steve.

1,460 days
after the accident

December 27, 2014
Shopping at a craft-beer specialty store.

DAY 15

DYLAN WORE A hair net of electrodes to monitor brain activity. No poke or prod penetrated the neural darkness, but that didn't prevent "storming." Disruption to the brain stem can cause what is known as "paroxysmal sympathetic hyperactivity." Brain-injury patients often sweat profusely, spike fevers, and move their limbs spastically. Another disorder called diabetes insipidus causes extreme thirst and urination. Dylan had facial twitches and seizures and needed a cooling blanket for his fevers. His parents tried to keep him comfortable, reading him messages from well-wishers and informing him that the Boston Bruins had sent him a signed jersey. They kept playing music, put hockey games on the TV, and waited. "We knew that he was not likely to stay in a coma much longer," Giacino said, "because hardly anybody stays in a coma after 14 days. And then the question is: What do we have at that point?"

DAY 17

DYLAN OPENED HIS EYES.

He'd passed from a coma into a vegetative state, a condition of wakeful unconsciousness—eyes wide open but mind still shut down. His brain stem had begun sending those pulses of arousal to the rest of the brain, but he still lacked awareness.

The moment he entered this vegetative state, he also entered a new prognosis timetable, which, unlikely as it seems, is more generous to trauma injuries than to brains damaged during heart attack or stroke. Lack of oxygen to the brain during a heart attack causes global damage; virtually every brain cell is affected, and in these patients, the vegetative state is considered permanent after three months. Patients with traumatic injury, on the other hand, are considered permanently vegetative after 12 months. Once a traumatic brain-injury patient is labeled "vegetative," all sorts of doors begin to shut—therapy, rehabilitation, insurance reimbursement, the hope held out by family and friends.

For decades, researchers, including Giacino, have found evidence that subtle signs of consciousness are often missed in supposedly vegetative patients. In 2002, Giacino co-led a task force that proposed a new diagnostic category, the minimally conscious state, which quickly became a contested border region. "These are individuals who are sort of between conscious

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and unconscious," said Giacino. "They clearly show some signs of consciousness, some of the time." Many clinicians didn't know how to identify it and others deemed the distinction of practical insignificance, regarding both vegetative and minimally conscious patients as "hopelessly brain damaged."

That view is beginning to change, as imaging technology has allowed researchers to detect conscious activity in people who show no outward signs of awareness. In a famous 2006 study in the journal *Science*, Adrian Owen, now at the University of Western Ontario, asked a supposedly vegetative patient to imagine playing a tennis game and walking through the rooms of her house while in the imaging machine; the machine picked up brain activity similar to that of healthy people performing the same task. This and similar experiments have underscored just how blurry the border was between unconsciousness and minimal consciousness and how easy it was to mistake one for the other.

That there are such mistakes is not in dispute. Minimally conscious patients are mistakenly diagnosed as vegetative in roughly a third of all cases, according to two separate studies. "Thirty to 40 percent of people who are believed to be unconscious actually retain some conscious awareness," Giacino said. No one knows precisely how many people are minimally conscious, because the diagnosis is not officially tracked, but there may be as many as 280,000 minimally conscious patients in the U.S., according to a 2000 study. (Diagnosis is further complicated by a rare condition called locked-in syndrome, in which a patient is fully conscious but the neural hardware for movement and communication is completely disabled, creating the appearance of unconsciousness.)

Misdiagnosis begets what some ethicists have begun to call "therapeutic nihilism." Joseph J. Fins, head of medical ethics at Weill Cornell Medical College and a collaborator with Giacino, argues that many patients with disorders of consciousness have been deprived of adequate care. In his forthcoming book, *Rights Come to Mind: Brain Injury, Ethics, and the Struggle for Consciousness*, Fins says the health-care system tends to sequester patients with severe brain injuries from aggressive medical treatment, even as new research suggests that 68 percent of traumatic-brain-injury patients who receive inpatient rehabilitation regain consciousness and that 21 percent of those achieve functional independence. "I think the key thing is that we don't erroneously put somebody in the permanent-vegetative camp who shouldn't be there," he said. "Because then they're labeled for life." That label has consequences: Those patients are less likely to receive rehabilitation, less likely to receive drugs that may speed up recovery, more likely to be considered hopeless and warehoused in nursing homes.

When Giacino and colleagues first proposed the minimally conscious state, Fins recalled, critics complained that it would conflate vegetative patients with people who are conscious. "But it did precisely the opposite," he said. "It *distinguished* them from the vegetative state, and it said these people make a moral claim on us because they are conscious, in some minimal way, but definitely conscious. I think it's had tremendous instrumental value in identifying people who have a degree of personhood that needs to be valued and embraced and integrated into society."

DAY 25

"HE DID OPEN his eyes several times and they stayed open for a good amount of time. Not sure what he can see or understand yet, but we know he feels us, as he had some reactions and responses to our voices and touch."

One of the great tensions in monitoring a patient's struggle to regain consciousness is the gap between the expertise of doctors, who observe the patient intermittently, and the observations of the family, who hover by the bedside for hours on end, seeing everything without necessarily knowing how to interpret what they're seeing. In Dylan's case, there was always a Rizzo-family member at his side. Tracy quit her job at an insurance company to spend nights in Dylan's room; Steve, a contractor who installs tile and marble, would leave work early. At one time or another, three grandparents and some 70 family members helped maintain a round-the-clock vigil. "He was never left alone, ever, for a second," said Tracy.

"They kept saying, 'This will never recover, this will never recover.' It was 90 percent of what we were looking at."

At first, there wasn't much to observe. The family noticed occasional eye movement, but when a doctor or nurse would conduct the Coma Recovery Scale assessment—moving a mirror in front of Dylan to see if his eyes tracked the mirror or rolling a pencil across his nail bed to see if he responded to the pressure—Dylan still remained in a vegetative state.

DAY 27

"HE HAS BEEN sweating a lot over the past few days. It could be caused by medication or his brain."

Dylan was "storming" again, had been for several days. Tracy and her mother sat at his side, while Tracy wiped the sweat off Dylan's forehead. Then, something remarkable happened: Tracy went to wipe his forehead, and Dylan raised his hand. When he did it a second time, she put the cloth in his hand and said, "Dylan, wipe it yourself." He began to wipe his mouth and nose.

Tracy and her mother were shocked. "I try not to read into his responses," she later posted on the family blog. "His body is moving on its own but how could we not think he was really trying to do it." The doctors remained cautious. The Coma Recovery Scale was designed to rule out false positives.

DAY 31

"TODAY WE HIT a bizarre milestone. [We] have been at MGH for 30 consecutive days. This now entitles us to a parking pass for only $3 per day. We will consider this a positive thing. Trying to make everything as positive as we can to get through this horrible journey."

It took a month of upbeat, good-humored missives before the Rizzos finally conceded that Dylan's situation was "horrible." Their son had been treated with sedatives and painkillers; undergone plastic surgery for all the facial fractures; had a shunt inserted to drain off cerebral-spinal fluid; had a feeding tube and a tracheal tube surgically implanted; had a skullcap of Gore-Tex placed over his exposed brain; and battled fevers, seizures, pneumonia, urinary-tract infections, sweats, plunging blood pressure, fluctuating electrolytes, and a racing heart.

DAY 33

DURING HIS FIFTH week in the hospital, Dylan began to show signs to his doctors that he was becoming aware of the outside world. His eyes followed the moving mirror. When a doctor pinched his fingernails, he tried to push away his hand. Both reactions indicated that he had passed into the minimally conscious state, which instantly increased his chances of meaningful recovery.

As Hirschberg likes to say, only patients in movies leap out of unconsciousness and stay there. Brain-injury patients more typically fluctuate—up and down, in and out, aware and then unaware. The minimally conscious state can last days, weeks, months, years, the rest of one's life.

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DAY 43

HOW DID DYLAN'S brain, or any brain, make the momentous transition from vegetative, unconscious wakefulness to conscious awareness? The exact process remains mysterious, in part because every traumatic injury inflicts a unique pattern of damage on the cells and circuitry of the brain. Research by Nicholas Schiff at Weill Cornell suggests that consciousness begins to reemerge when the parts of the brain that receive sensory information reestablish contact with the frontal lobes, which interpret and act on this information. That latent circuitry still needs to be reactivated and coordinated. Schiff argues that that part of the healing process is driven by a small region of the thalamus, deep in the brain. "It's like a power station that supports organized behavior in the frontal lobes," he said.

Once Dylan moved out of the ICU and into a regular room, the Rizzos began tuning the TV to programs they knew Dylan would like, usually a Bruins hockey game or a Celtics basketball game. On an evening in early February, the Bruins were playing Montreal on the hospital-room television when, in the second period, the two goalies got into a fight. Dylan perked up. "He hasn't taken his eyes off the TV," the family reported. "He's moving his mouth trying to say something."

"He would cry all night. He was crying all night for a month. We just couldn't hear it."

DAY 44

SIX WEEKS AFTER THE accident, Dylan's doctors performed a second MRI. Remarkably, and unexpectedly, the brain scan suggested that some of Dylan's damaged wiring had begun to mend. "To our knowledge," the doctors noted later, "this type of reversal has not been previously described with serial neuroimaging or in a case with such a widespread extent of axonal injury." Dylan's doctors couldn't say if the repairs reflected the healing of injured cells or the ability of surviving cells to make new connections. The process, which people refer to as "plasticity," is much more robust in a young brain than in an old brain, Edlow explained. One of the revelations of recent research is evidence that severe injury can activate mechanisms of neural development that normally deploy during childhood.

DAY 45

DYLAN WAS STILL in and out. Sometimes he seemed to pay attention, other times he seemed lost. One Friday in mid-February, the Rizzos brought in his Xbox controller. When they placed it in his hands, he stared at it for a few minutes. Then he started to push the buttons and move the joystick. A nurse handed him a Chapstick. He lifted it to his lips. But the biggest breakthrough from the family's point of view, the clearest sign that Dylan was regaining consciousness, arose from the spontaneous confluence of medical equipment and juvenile humor.

Dylan had been tugging at the plastic tubing that connected to his trachea. To keep his hands distracted, the family had given him a short length of ribbed plastic tubing to play with. At one point, Steve reached for the other end of the tube, brought it to his mouth, and began to blow into it.

The noise that came out sounded like a fart. Dylan laughed. "Steve kept making the sounds," the family reported, "and Dylan kept laughing." To Tracy, this was not only a glimmer of consciousness but of personality: "We were like, *Oh my God!* Like, he knew what a fart is, right? He's still in there!"

Later, physical therapists came into the room to get Dylan on his feet and help him to move. Steadied by the therapists, he took a few halting steps toward Steve. When father and son were face to face, Dylan reached out and the two hugged. "Dylan was stroking Dad's back, up and down, and then patted him on the shoulder," the family blogged. "You could hear a tear drop."

Emotional responses are another early clue of emerging consciousness, according to Giacino. He once consulted on a case where the wife of a supposedly vegetative patient claimed that her husband would cry when she read a letter from his sister. Giacino was skeptical; the man had shown no sign of consciousness. But when the wife read the letter in his presence, the patient began to cry. To make sure, Giacino pulled a physical-therapy manual off a nightstand and instructed the wife to read a passage. She did, and the patient did not cry. "Emotional things," he said, "I take that very seriously when families tell me that."

The following day, Dylan crashed and stormed so badly that there was talk of moving him back into intensive care.

DAY 57

LATE IN FEBRUARY, Steve brought in another familiar toy: a cell phone. Dylan poked at the touchscreen, tried to open apps and check email. By this point, he recognized people and tried to utter sounds, but nothing was comprehensible; sometimes he would high-five the nurses, other times he gave them the finger. After either gesture, he would always smile.

As an experiment, a family friend visiting dialed the number of the phone Dylan was holding to see what he would do. At first, he just looked at the ringing phone. The friend redialed the number. This time Dylan picked up the phone and held it to his ear. But he still couldn't speak.

Unbeknownst to the Rizzos, this was an impromptu variation on the "telephone effect," which has fascinated neurologists since it was first reported in 1983. A patient who has shown no ability to communicate is exposed to a ringing telephone, picks it up, and begins to talk. "The idea is that the stimulus is so well ingrained that it doesn't require any cognitive control," Giacino said. It just pops up as an automatic action. Sometimes patients begin speaking for the first time when they pick up the phone, only to lapse back into a noncommunicative state.

DAY 60

AT THE END OF February, Dylan Rizzo drew a breath of fresh air. That moment occurred as a medical team transferred him to Spaulding Rehabilitation Hospital, a Harvard-affiliated facility. He was still considered minimally conscious but had graduated to more complex activity. He could sit up in bed with a little assistance from a therapist; he could nonverbally answer biographical questions with about 75 percent accuracy; he could follow one-step commands about 40 percent of the time.

DAY 65

"HE HAS BEEN slower and lacking energy for the past week. The move was stressful and he is more aware of where he is and that is also stressful."

After the transfer to Spaulding, Dylan began to stall. He was agitated and restless. He had fierce bouts of "toning"—the muscles in his arms and feet would involuntarily clench until the pain became unbearable, which the family only realized when Dylan's doctors attached a speaking valve to his trach tube, so he could begin to vocalize. The first thing he did was cry. "He would cry all night," Tracy recalled. "He was crying all night for a month. We just couldn't hear it."

"There was a lot of mystery as to what was impeding Dylan's progress," recalled Hirschberg, who oversaw some of his rehab at Spaulding. "Was it an infection? Was it pain? Was it purely that his brain was rewiring and just wasn't ready to come out?"

Tracy put it a different way. "Sometimes he was definitely there," she said. "Then not."

DAY 97

AT THE REQUEST of his parents, Dylan was transferred to the pediatric floor. He began to do better. Rehabilitating a mini-


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mally conscious brain is a bit like recapitulating childhood. In daily sessions, Dylan relearned the most basic activities. How to stand up. How to walk. How to swallow. How to match colors on a board. How to write his name. How to put on a shirt. How to put on deodorant. How to shift his weight while taking a step. Some days he participated avidly; on others, he had no focus and tended to nap. His parents would push him in a wheelchair to a nearby park, where they would throw bread to the fish in a pond.

DAY 142

THE PHYSICAL-THERAPY nurses at Spaulding stood Dylan in front of a mirror and proceeded to write "Dylan loves the Yankees" and "Bruins stink" with a marker on the mirror. Dylan picked up an eraser and wiped away the insults—"very quick," his parents reported, "even for Dylan."

DAY 198

BY HIS THIRD MRI, Dylan had entered the post-traumatic confusional state. He could recognize his dog, Buddy, but he didn't know the time or year. He could make wheelchair excursions outside, wearing a helmet, but he didn't know where he was. He could follow simple commands. He could play multiple-choice games on an iPad but struggled to keep up. The MRI showed that his white matter continued to heal, wiring up his brain, but he remained disoriented.

During this period, his parents screened an endless string of what Steve called "awful" movies they knew Dylan liked: *Beerfest. Ace Ventura: Pet Detective. The Hangover. Anchorman.* Dylan always laughed at the right parts, just as he responded to hockey games when goals were scored, though he also often fell asleep in the middle of the movie. Once, when Dylan appeared to be sleeping, one of his aunts told his mother a dirty joke. Dylan erupted in laughter.

DAY 208

"THE MORNING BUZZ was all about Dylan leaving Spaulding."

Nurses, patients, doctors, and other well-wishers gathered at the reception desk for a send-off party. In a family video, Dylan sits in his wheelchair at the center of all the attention, waving and smiling. The smile has that megawatt quality, but the wave was on a two-second delay, almost slow motion. It's the first thing Dylan remembers since the day of the accident. "Coming out of it, it was like I was asleep, and I was just back alive," he said. "The last day at Spaulding, that's when I felt alive."

Right before he left Spaulding, he hit another milestone: He said his first word since the accident.

DAY 271

"DYLAN WHEELED INTO the house smiling ear to ear, checking out all the rooms when he said 'I'm home.'"

Dylan spent two months at another rehab center, in New Hampshire, before returning home to Lynnfield in September 2011. He had begun to walk with a walker and climb a few steps but still struggled with cognitive tasks. Friends and family helped Steve build a wheelchair ramp to the back door of the Rizzo home, and the dining room was converted into a temporary bedroom.

Another brain scan on day 366 confirmed both the extent of Dylan's recovery and the permanence of other brain injuries. In the area of the left frontal lobe, which bore the brunt of the initial trauma, some of the brain tissue had atrophied and would never come back. Still, nine months after his return home, he was able to walk up the steps and reclaim his bedroom. At a fundraiser that July, he danced.

DAY 746

DYLAN WENT ROCK climbing, working his way up a climbing wall in Boston. The Rizzos sent the video to Giacino, who now includes the clip when he gives talks about recovery in patients with grim prognoses. It is the most vivid embodiment of his argument for patience. Calling up a slide on his office computer, Giacino showed me the results of long-term follow-up of patients who, like Dylan, had reached the minimally conscious state within 60 days of a traumatic brain injury. The graphs document the slow but steady reacquisition, over the course of three or four or even five years, of many of the same physical and cognitive abilities that Dylan relearned. "What this tells us," Giacino said, "is that the story doesn't end at 12 months." Dylan is among a growing number of patients who defy the prognostic odds. "It's not an exceptional case," Giacino insisted. "We just don't know how many exceptions to the rule there are. So I don't believe in the rule anymore."

"We just don't know how many exceptions to the rule there are. So I don't believe in the rule anymore."

In December 2014, Dylan tried the high jump again. He didn't clear the bar, but the Rizzos sent the video to Giacino anyway. His response: "Mind-boggling."

DAY 1,541

"IT'S IMPECCABLE," Dylan was saying. We were sitting around an island in the sunny kitchen of the Rizzo home in Lynnfield, and he was describing the condition of his bedroom. His mother was talking about how Dylan had changed since the accident. "His personality didn't change at all," Tracy said. "He's still the same person. Just neater. He was a slob before the accident." Dylan smiled.

He wore a baby-blue sweatshirt, jeans, and running shoes; the most conspicuous reminder of his encounter with the telephone pole was a slight indentation in his left temple and two shiny lanes of hairless skin that run back from the crown of his forehead, where surgeons inserted new bone flaps to replace the parts of his skull lost during the emergency surgeries. Now 23, he is functionally independent. He volunteers as an assistant track coach at his old high school, occasionally helps his father on construction projects, and hopes to resume his studies at a local community college. Once a week, he goes out with his old group of high-school friends. At the same time, he continues to need speech and cognitive therapy. "Dylan still has memory issues, organization issues, and time-management issues," Tracy said. He recently burned his hands on a hot pot after putting on oven mitts improperly.

He does not remember a single thing about the six months prior to the accident or the seven months after. He sometimes "recalls" that period with received memories, like the time a friend visited him at Spaulding and fainted. "It was pale white," Dylan said, describing the face of his friend as he hit the floor. "Pale white."

Now he's not only conscious and functional, but functional in a red-blooded 20-something sort of way. When we went out for lunch, Dylan insisted on ordering a sampler of microbrews ("His neurologist says he can have one or two beers," Tracy said). He peppered the waitress with questions—equal parts information-seeking and flirtation. When she came back to check, he kidded her about one of her recommendations. "This one tastes like water," he teased.

Back at home, I asked to see his room. Dylan effortlessly climbed the stairs, joked about the upkeep of his sister's room, and led me to a bedroom in the front of the house. There was a flat-screen TV, a lacrosse stick propped in one corner, and shelves lining two walls, on which dozens of empty microbrew beer bottles sat in neat rows. "There are 147 of them," Dylan pointed out. The bed was made, and Steve opened the closet door to reveal a row of T-shirts, each hung and color-sorted. "There was nothing in here before the accident. Everything was on the floor," he said, then laughed. "Reprogramming the brain works." ■

What *Is* That?

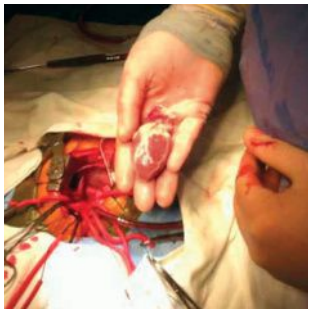
FIGURE 1 IS A medical photo-sharing app—"Instagram for doctors." Practitioners post and comment; the rest of us gawk. Who knew that #ingrown-toenail surgery could be so gorgeously gory: an alabaster big toe, half its nail sliced off, the remaining half showing traces of polish. A combination of helping and educating is what motivated Joshua Landy, an internist and critical-care specialist in Toronto, to create Figure 1 together with communications professor Gregory Levey and software developer Richard Penner. Algorithmic tools anonymize the photos (deleting faces, smudging tattoos) and a queue of moderators reviews everything for privacy and educational value. "Medical education has always been about team learning," Landy says. "When you're done with your textbooks, you work on teams. And the more cases you see, the better you get."

The posts fall loosely into three groups. There are those seeking diagnostic advice—an abdomen inflated like a beach ball, prompting an ER doctor to ask, "Why would the stomach fill up with air like this??"—and in this, the app is invaluable for rare disorders, things most doctors never see. There's the instructive show-and-tell for unusual or subtle cases. And there's quiz time, like "All of these [ECG] rhythms were shocked. Pick the one that was actually shockable." For those who seek free doctoring, "we've got a very strict no-selfie policy," says Landy. But for laypeople, another aspect can present itself: an appreciation of weird, inadvertent beauty.

SIOBHAN ROBERTS

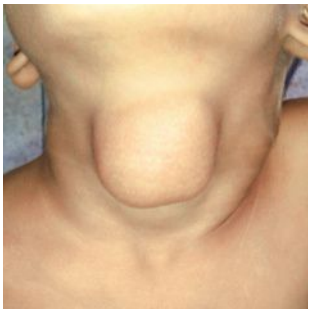
jhiland371RN ever see a bladder stone like this?

- **JJRocket** that is huge. My bladder just spasmed looking at it
- **michelle509** I would want to make that into a necklace
- **Love2Nurse** how [did it] get that big? Was there even a bladder left?!



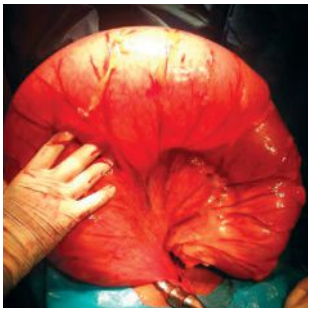
ICUrn_x2 fresh heart being transplanted to an approx 13mo with CHD [congenital heart defect]

- **lisa3919** I have not commented before but this photo is amazing, beautiful and incredibly touching.
- **StaciLVN** Oh my. What a strong little one.



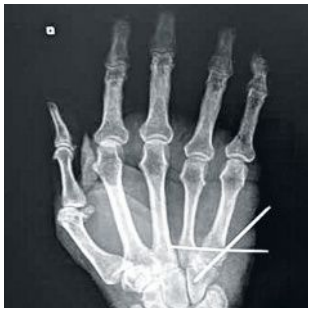
ammashud #Thyroglossal-duct-cyst

- **hairyballsagna** what about #Dermoid-cyst? Are you going to rule it out with surgical frozen section?
- **DrKoojo** Dermoid cyst is possible. In the acute infectious stage needle aspiration and antibiotics are recommended.

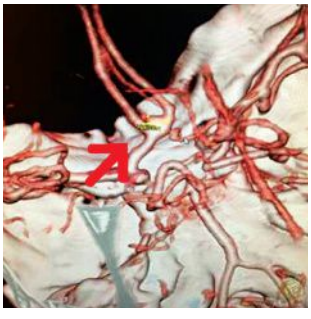


cesarrevilla #Volvulus

- **krk213** can someone please explain what I'm looking at?
- **krettig** the large intestine is twisted on itself causing a blockage. It is full of air and other stuff.

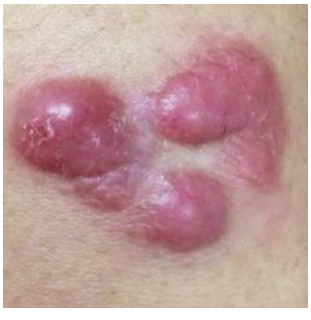


rknoblaugh dislocation with ext[ernal] fixation



woznmike brain aneurism can u guess the artery?

- **magbc7** Anterior communicating artery?
- **DrGiggAlz** Anterior Communicating
- **Icarus27** Agree. A-comm.

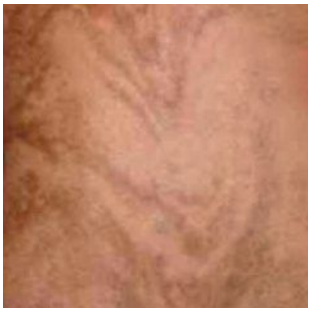


palmdoc 30 year old man presents with non pruritic nodular lesions on his forearm for one year. Two smaller single satellite lesions nearby but no disease elsewhere. Biopsy shows this is cutaneous extranodal marginal zone lymphoma. Suggest the line of management.

- **CardiacWhat** They look like #Keloids

brad369 Middle aged man. Small growth taken from left index and forearm. Over the next 8 months this started growing. Blue due to dye, not naturally blue. Patient is HIV with a CD 4 of 1.

- **brad 369** Results came back as features in keeping with a low grade angiosarcoma.

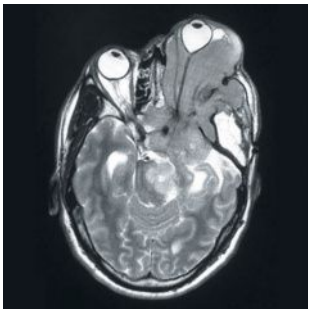


ganzueto 18 m/o AA female c a significant gross motor delay, mental retardation, and this dermatological marking that mom states has been the same since birth.... Any ideas on a dx??

- **jizaref** Incontinentia pigmenti
- **pghatheartnurse** Blaschko's lines?

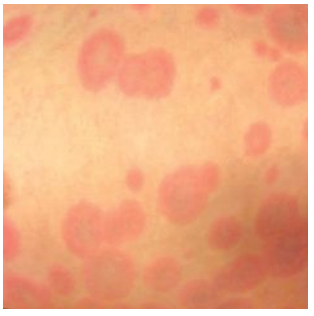
PHOTOGRAPHS: COURTESY OF FIGURE 1

Figure 1, an Instagram for medical professionals, lets physicians crowdsource their diagnosis.



choweee Diplopia.

- **troycgray** I couldn't fathom the amount of pain that the pt must be enduring through this.
- **BarristaRN** What are we seeing here? Is it a herniation? … A tumor?
- **choweee** A ... meningioma.



magicdoc i'm thinking this is a beautiful example of EM however the violacious center is a little different than usual. Any thoughts?

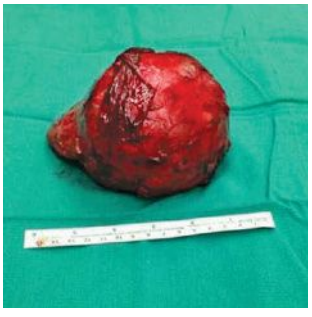
- **indigo-4** did you check for Lyme disease?
- **magicdoc** in California no Lyme here (typically)

megeileengreen Clubbing in a 29yo M with sickle cell anemia

- **Gurlieee97** That is the most extreme case I have ever seen…very nice pic.

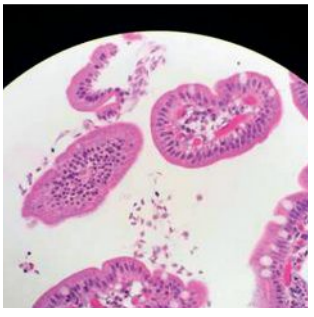
hrtnrs Artificial heart

- **lcatron** amazing. I like the coffee creamer there. Gives perspective of size.
- **hrtnrs** that was totally an accident to have the creamer in the picture! Ha! You're right, it is a good size comparison :-)



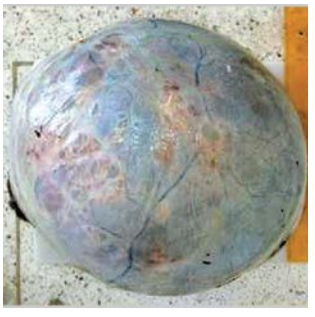
BabyDoc1 Wilms tumor removed from a 7 yo!

- **ktthemighty** 7 yr old seems old…
- **BabyDoc1** Yup she's above the typical age range, but it was confirmed by path
- **PathAssist42** Most common kidney tumor in children



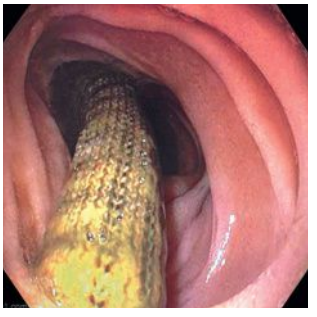
olliej77 30 yo man with chronic diarrhea; #duodenum biopsy done

- **mblair** Little giardias!
- **olliej77** #giardia #Giardiasis
- **Neuroraptor** help me out…
- **mjkeller** Humans can get it by drinking unclean water or water out of a creek.



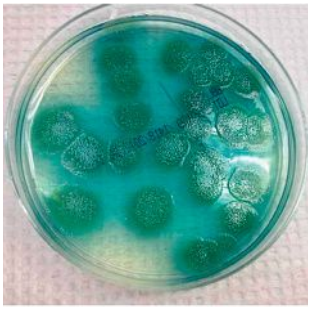
pbm92 Ovarian tumor

- **mamm_life** What are the dimensions. I can't see ruler well enough.
- **pbm92** 30cms

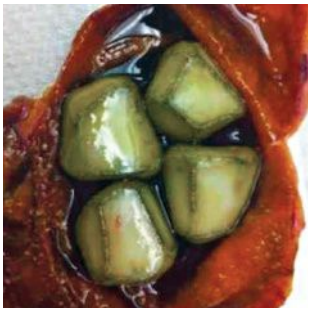


CoPaW16 60yo whose aortobifem graft eroded thru her duodenum

- **FuegoShazam** Could someone please [explain] what we're seeing?
- **CoPaW16** View [of] the second/third portion of the #Duodenum … visualizing a synthetic aortobifem bypass graft that eroded into the lumen

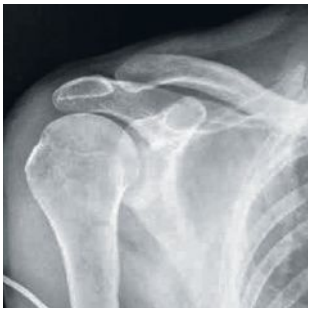


IDstewardship So pretty but so dangerous. This is #Pseudomonas, a non-fermenting Gram negative rod. What drug to use? Options: #Ticarcillin-clavulanate #Piperacillin-tazobactam #Ceftazidime #Ceftazidime-avibactam #Cefepime #ceftolozane-tazobactam #Meropenem #Imipenem-cilastatin … Did I miss any??



iheartautopsy #Gallstones

- **edwardberriman** Are they hard as rocks, or can they break apart with a little pressure?
- **senetta** They are very hard!



MNB_RN_EMT Anyone see the fracture(s)?

- **Jensen789** Humeral head.
- **AC3298** image isn't the best… But it looks like distal 1/3 clavicle…

drkhosravi body packer with 100 packets of opium, 2kg. these extracted during laparotomy via anus without opening bowels.

- **adventureerik** occasionally I have seen the packets reinforced with duct tape in a effort to prevent internal ruptures. This has lead to allergic reactions to the tape and adhesive.


ORCCO

◀ Craig Spencer in May, seven months after contracting Ebola.

The Doctor Who Got Ebola

New York's one-man pandemic-scare is feeling fine.

By **HELEN OUYANG**

Photograph by **Christopher Anderson**

Five months into West Africa's Ebola outbreak,

last September, a young New York emergency-room doctor named Craig Spencer headed to Guéckédou, Guinea, to volunteer for five weeks with Médècins-sans-Frontières (known here as Doctors Without Borders), the international medical-aid organization. During the first two weeks of the trip, Spencer kept a diary, in which he wrote "tired" or its synonym no fewer than 20 times. He held limp, dying babies in his arms because their parents could not. He treated patients who were confused and violent from the effects of the disease. He told families their loved ones' bodies had to be buried without viewings. "It was, by far, the hardest mission I've ever done—physically, mentally, and emotionally," he told me one day in March, six months after his return. "I felt off the entire time I was there and when I came back. I don't think anyone could've felt on."

Spencer returned on a Friday in October, exhausted and drained. His fiancée, Morgan Dixon, and their friends urged him to go out and try to restore some normalcy to his life. In a now meticulously documented 36 hours starting that Tuesday morning, he drank Blue Bottle coffee on the High Line, ate meatballs at the Meatball Shop, bowled at the Gutter with Dixon and two friends, and rode on the A, L, and 1 trains.

On Thursday, he woke up with a fever. That evening, doctors confirmed that Spencer, 33, was New York's first Ebola patient. His brush with the deadly virus launched a wave of often misplaced panic among city officials and the media and ignited a debate about our pandemic preparedness. It also thrust Spencer and Dixon into a media circus. They were hounded by the press, which implied Spencer had recklessly endangered the lives of New Yorkers, an experience that still haunts the couple.

Spencer grew up outside Detroit, where his father installed garage doors. The only person in his family to go to college, he was 20 the first time he boarded an airplane. He has since provided medical care in about a dozen countries. In 2012, Spencer and I became colleagues, both working as emergency-medicine doctors at a Manhattan hospital. Over the past few months, we've talked often about his ordeal, what he would have done differently, and where he thinks health officials made mistakes. What bothers him most, it's clear, is what he considers the New York City Department of Health and Mental Hygiene's departure from scientific protocols. He also believes the health department played a role in the media's discovering his name, a claim health officials categorically deny.

As soon as Spencer woke up that Thursday morning, he knew something was wrong—he was breathing too fast. His temperature was 100.3. He called the offices of MSF immediately. "It was a sigh of relief," he told me. "It doesn't make sense, but this moment I was fearing had arrived—I could stop worrying about it now."

Soon, he was on the phone with an official from the health department who took down his travel history and then said she'd have to call him back. Spencer sat on his couch and waited. "It was clear they had no plan," he said. Finally, around noon, two FDNY medics arrived at their apartment building. Spencer's door buzzer was broken, but the medics wouldn't allow him to walk down the stairs by himself and declined his suggestion to toss his keys out the window. Instead, they had the building's two sets of doors dismantled. By the time the medics, in full hazmat gear, carted Spencer out on a stretcher, a curious crowd had formed on West 147th Street. It wasn't until two o'clock that Spencer was finally in the ambulance en route to Bellevue Hospital.

By that time, the press already knew his name. A city health official had asked Dixon to come down to Bellevue for an assessment. On her way there, she received a text message from a friend who said she'd read about Spencer on the website Gothamist. "Well, you know more than me at this point!" she texted back. Meanwhile, a CNN reporter had called Spencer's parents in Michigan requesting an interview. It was the first that they'd heard that their son was in the hospital.

▲ New York *Post* cover, October 24, 2014.

At Bellevue, Spencer was ushered into a small room in a dedicated isolation unit, where he met the hospital's director of critical care, Laura Evans, who was dressed in a full protective suit. Spencer was surprised to see her entire face through the clear plastic mask: serious chestnut-brown eyes; a tough, square jaw; and a spectacular smile. "It made a huge difference," he said, to be able to look into his doctors' and nurses' faces. In Guinea, the protective equipment he wore covered everything but a smudge of his eyes, hidden behind fogged goggles.

Evans had been in a meeting with hospital leadership about Ebola preparedness when the hospital's medical director told her a patient who had been working in West Africa was coming in with a fever. The case seemed so textbook, she thought at first it was a drill. As they waited for the Ebola blood tests to process in the city's public-health laboratory across the street, the two chatted about his trip to Guinea. Spencer remained calm. "At this point, I thought there was a 50-50 chance that I had Ebola."

While Spencer was upstairs on the seventh floor, Dixon was in the emergency room on the ground floor. As soon as she stepped into the hospital, she was placed in an isolation room. A nurse shoved a thermometer at her and told her to check her own temperature. Dixon was baffled. She didn't feel ill or have a fever. Frightened and confused, she started crying. A different nurse came in and gave her a hug. "It was the best thing anyone could've done for me at that point," Dixon told me.

Finally, at around seven o'clock that night, the lab results came back. With any critical test, it's standard practice for the physician to repeat the results back to the technician. Evans could hardly say the words—"positive for Ebola virus"—they felt so surreal. She went into the room alone to tell Spencer. "I spent a few minutes just not having any thoughts at all," he said. "But then I wanted to know, 'What's the next step? What are my treatment options here?'"

Spencer called Dixon. "I'm young and healthy," he told her. "I'm

PHOTOGRAPHS: PREVIOUS SPREAD, MAGNUM PHOTOS FOR NEW YORK MAGAZINE. THIS PAGE, TIMOTHY A. CLARY/AFP/GETTY IMAGES.

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getting the best care possible. I'll be okay." Soon, Evans was executing protocols she and her department had spent months devising but never anticipated actually having to use. For physician care, Spencer would have a team of two doctors, herself and Amit Uppal, director of Bellevue's medical-intensive-care unit, supported by around-the-clock care from the unit's nurses.

The first night, Uppal and Evans had to place a large intravenous line into Spencer's internal jugular vein. The process involved maneuvering several pieces of equipment, including a needle inserted into the neck—a sensitive spot that sometimes causes patients to jerk involuntarily, increasing the chances of the physician getting punctured and infected. When they were devising their protocols, the team had agreed that all Ebola patients, regardless of how sick they were, would get such a line to minimize the potential for other staff to be infected while taking blood samples or revitalizing the patient with fluids. Inserting the line ended up being one of the tensest moments of Spencer's hospitalization. "It really helped that we had already thoroughly talked through this, knew our rationale for doing it, and had made a plan beforehand," Evans said.

This was yet another difference between Spencer's care in the U.S. versus the care of his patients in Africa. There, patients didn't routinely get intravenous lines, unless they became very sick and couldn't take in any fluids through their mouths. They also didn't have access to any blood work, besides tests for Ebola and malaria. But the biggest disparity, Spencer said, is that "whereas in Guinea I took care of 30 patients, in the U.S., 30 doctors took care of me."

WHILE SPENCER WAS EXPERIENCING the best of American health care, Dixon was ensnared in the public panic. Ebola can be transmitted only when bodily fluids are passed through openings like broken skin or the nose or mouth and not through the air. The Centers for Disease Control and Prevention do not recommend mandatory quarantines for people without symptoms like a fever, but soon after Spencer was diagnosed, Dixon was served a 21-day-quarantine order. The two friends the couple went bowling with were also quarantined.

"It doesn't make sense, but this moment I was fearing had arrived—I could stop worrying about it now."

Dixon spent the next two nights at Bellevue, during which time the city contracted a company called Bio Recovery Corporation to clean her and Spencer's apartment. Finally, she was cleared to go home for the remainder of her quarantine. Leaving the hospital, she was ushered into a black car, flanked by press. The city health department's deputy commissioner for disease control, Jay Varma, was sitting in the front seat. According to Dixon, she asked him how Spencer's name had been released. "He nonchalantly replied, 'Oh, yeah, sorry, it must've been leaked during one of our interagency calls,'" Dixon told me. She was furious. Varma declined to comment, and the health department denies that Spencer's name was ever mentioned in any interagency calls.

At home in Harlem, she found what seemed to be a white chemical film on the counters and tables. There was mud tracked over the floor. Many of their clothes, shoes, bedding, and kitchen supplies had been discarded. Their refrigerator had been emptied; plants were dead and broken pots were scattered throughout. "It was like a ghost town," she said. City officials told her they were on-site the entire time, yet somehow videos of the inside of their apartment ended up on the website of the *Daily News*. "They could've had kids come into our apartment and blow bubbles," she told me recently. "There was no scientific evidence behind what they were doing."

Spencer tried to insulate himself from the media frenzy. The television in his room was broken, and he consciously avoided most websites, though friends texted him updates about what was going on outside his room. He tried to dodge calls from reporters. Once, Spencer said, he picked up the phone and the person on the other end said she was his neighbor, so he continued to talk to her, thinking she was calling about Dixon. She eventually said she was a reporter for the New York *Times*. He ended the call, but soon after he saw himself quoted in the paper. (The reporter, Anemona Hartocollis, does have a nearby address and says she identified herself immediately as a reporter and a neighbor.)

Mostly, though, he focused on getting better. He included himself in discussions about his progress and treatment and tried to be a model patient. "I tried my best to do the most high-risk actions, like cleaning my bed and throwing away my waste. Of course, there were things I couldn't do when I was really weak." Every day, he reviewed his own lab results, which he found fascinating. Reviewing how the disease was attacking his organs, he often felt he was looking at another patient's data. It's only in reflecting back now that he can grasp exactly how sick he was. His kidneys and liver were failing. His platelets, cells that stop us from uncontrollably bleeding, dropped to a precipitously low number. He developed a severe throat inflammation and what was most likely a transfusion-related lung injury from the blood plasma donated by a patient who'd recovered from Ebola, Nancy Writebol, a U.S. missionary who was infected while working in Liberia. When liquid began filling his lungs, a condition called pulmonary edema, he was put on oxygen.

As sick as Spencer was, his doctors were optimistic and tried to keep his spirits up. Early patient mobility is now a staple of intensive-care recovery, and Evans encouraged her charge to stay as active as he could, joking that she was playing mom to a teenager, making him get out of bed, shower, and ride on the stationary bike. Evans and Uppal decorated his room one morning so that he woke up to walls plastered with posters of teenage heartthrobs. Uppal tried to lend him a USB drive uploaded with movies, which Spencer at first refused. "I prefer to read books," he told him. By the end, boredom took over, and he spent long stretches watching YouTube clips. "There was no day that I felt absolutely horrible," Spencer said. "There were days I would get frustrated at how many times I had diarrhea. But by never thinking about the possibility of death, I could focus on other things." Evans knew he was recovering when his jokes got funnier.

Each day, Dixon would record and send a song to Spencer from her quarantine. Dixon had a hard time adjusting to the isolation, especially when it seemed so pointless and arbitrary. With the help of the New York Civil Liberties Union, their friends were able to end their own quarantines early. The nurses and doctors caring for Spencer, meanwhile, were only required to self-check their temperatures twice a day.

A week into her quarantine, Dixon was allowed visitors. I stopped in several days later. Walking into their apartment, I felt Spencer's presence. On one wall, above a red couch, is a rendering of the George Washington Bridge that he drew, over which hang bookshelves he made from raw wood and metal. The apartment is filled with books and photos and souvenirs from their travels, including a kora, a large West African harp that Spencer lugged back from Guinea. All the curtains in the apartment were drawn, since she'd caught someone filming her through the bedroom window.

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Dixon, noticeably thinner, hugged me, and I was struck by how composed she appeared. Wearing a button-down shirt and jeans, with gold-and-red Chinese house slippers, she tucked her short maple-colored hair behind her ears and poured me a glass of water. We sat down at their large picnic-style table, and she pushed her laptop to the side. She was actively avoiding websites—"I don't want to know what the media is saying"—though the press had been camping outside her apartment building and calling her phone.

"It was like being in solitary confinement. I couldn't look beyond the wall eight feet in front of me," she told me later. "I was starting to lose my mind." Their buzzer worked only sometimes and their oven was broken, but no one could come inside to fix them. She was too afraid to order anything anyway. One time, she unintentionally buzzed in a reporter who she thought was a deliveryman. In the first week, she relied on friends to drop off meals, clothes, and bedding, though she hadn't seen any of them—per quarantine policy, they had to leave before she opened the door.

▲ Spencer in West Africa during an earlier aid mission in 2009.

AFTER 19 DAYS, Spencer was discharged from the hospital. With representation from the NYCLU, Dixon was able to end her quarantine that same day—72 hours early. Their neighbors welcomed Spencer home with balloons on the front of their apartment building. When Spencer eventually returned to work in the emergency room, one of his first patients was an 88-year-old Puerto Rican man. "I prayed for you," he said to Spencer in Spanish, crying.

Spencer still gets heated when he thinks about how public-health authorities responded to Ebola with "a citywide fear-management campaign," even writing an essay about it in the *New England Journal of Medicine*. "I do understand and respect that the public was scared," he said, admitting that when he first returned from Guinea, he obsessively wiped his apartment with bleach. ("I just felt it was one of the few things I could control. It was completely irrational.") But he is adamant that the city's public-health authorities and the media made big mistakes. "Instead of saying the risk of infection is nearly impossible because I didn't have a temperature [yet], they discussed the risks of getting Ebola from a bowling ball. It was a prime opportunity for education, and they squandered it with misinformation and unscientific quarantines."

In February, Spencer and Dixon met with Varma and other city health officials to discuss their concerns, particularly the release of their personal information. According to Dixon, the health-department officials told them they had investigated how the media had gotten their information and found no evidence that it had come from their agency. They had no plans for a further response. Spencer says Varma admitted that much of what the agency did, specifically cleaning their apartment and quarantining, was for the sake of public appearances. (A health-department spokesperson declined to comment on the content of the meeting.) Dixon is still rattled by the experience. "I'm trying to move on, but I still get flashbacks to being locked up," she told me in May. "Every day, I think about what happened. Every single day."

IN MARCH, SPENCER returned to Guinea with MSF. He told me he wanted a different conclusion to his story. "I needed to go back for this bookend closure—for both Morgan and me." Now that he was Ebola-immune, he could also return without fear of infection, though on this trip he played a more managerial role, using his experience to advise the Ebola-treatment units. Treatment had advanced since his last trip. Doctors were now experimenting with plasma transfusions from recovered Ebola patients, which hadn't been available the first time he was in Guinea. Local doctors were hesitant to use the treatment, and Spencer was able to guide them, providing the perspective of both a skilled doctor and a patient.

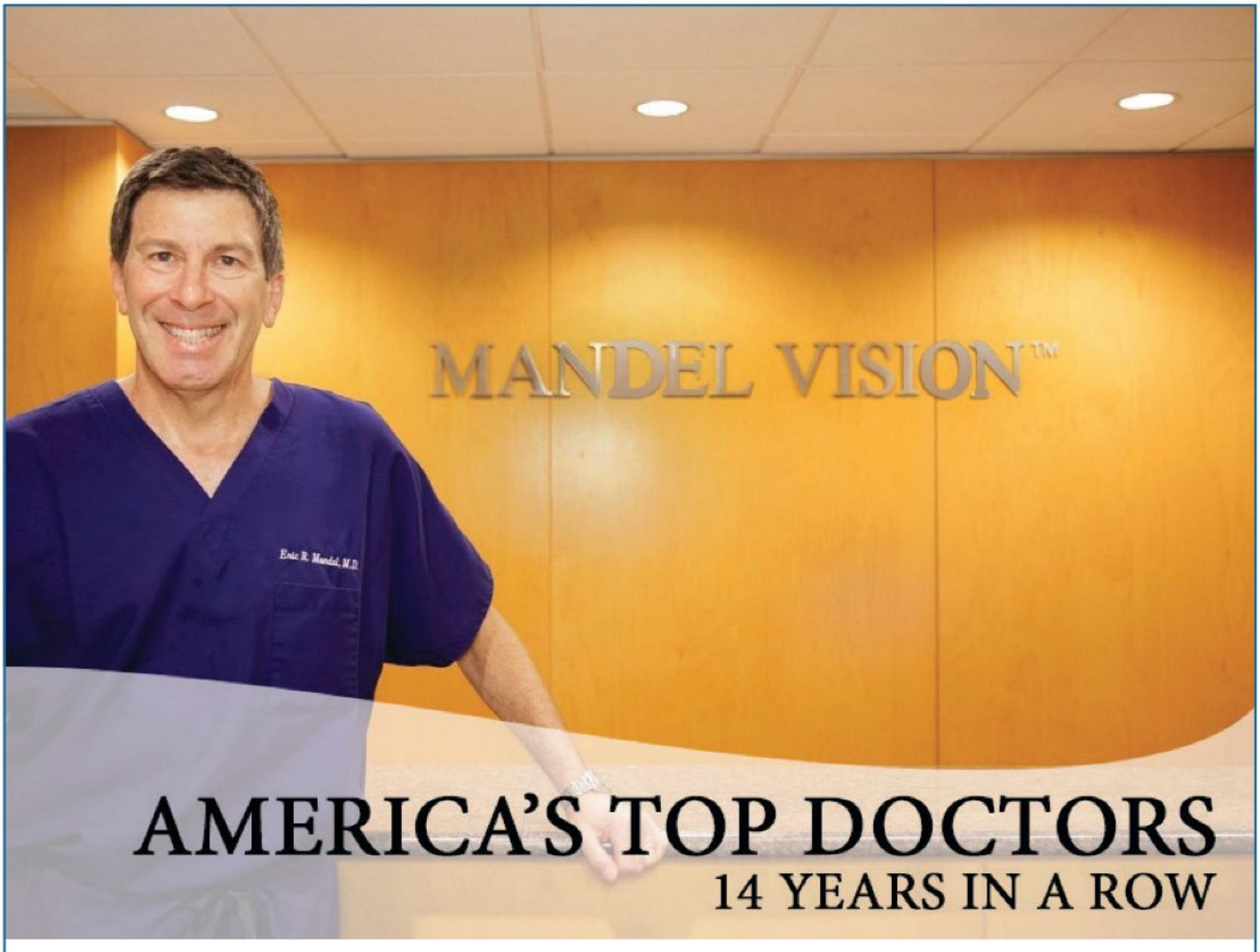
Very few people in Guinea recognized Spencer. Many of his colleagues were European or African. "I thought it was great!" he said. "I didn't want to be known." One day, Spencer returned to Guéckédou, where there hadn't been an Ebola case in months, to attend the closing ceremony of the treatment unit where he had first worked. "When I was there before, at the height of the outbreak, people weren't touching at all," he said. "When I came back, teenage boys and girls were holding hands on the street. Love had come back. Life had resumed. It felt like a very different place."

ONE RECENT AFTERNOON, I met up with Spencer in his neighborhood. He seemed relaxed, wearing jeans and a T-shirt and greeting me with a big, dimpled smile. He told me he thinks his and Dixon's experience with Ebola would have been different had this happened anywhere else. "New Yorkers have heightened insecurity. We expect bad things to happen here," he said. I asked him if he'd hesitated before visiting those public places. "If I knew I had Ebola before that morning, the last thing I would've done was ride the subway or eat meatballs," he said. "I would've gotten help immediately and made sure I didn't infect others. To be honest, I was actually more concerned with other people getting me sick. What if I touched a subway pole and caught the flu? Then I would have symptoms and go through the whole mental process of thinking I had Ebola."

He still doesn't know precisely how he was infected. An MSF investigation was inconclusive, so he's left guessing whether the virus got trapped in a sweaty respiratory mask, or whether it happened the day he was accidentally poked in the eye by a hygienist's gloved finger, or if it was that last day, when he was feeding and cleaning a severely ill patient with massive diarrhea and vomiting. "All day every day, you were putting something on or taking something off, always touching something," he said. "But while we were working, we never talked about the possibility of risk. There was a perceived weakness if we did.

"I know Morgan thinks about what happened much more than I do," he said. "But once in a while, the unbelievable likelihood of it all hits me, and I realize how much of an outlier it makes me. I think to myself, *Holy shit! This is weird*." Mostly, though, his life has returned to normal. He's still working in medicine, both here and abroad through international aid organizations, and he and Dixon are getting married this summer. As we walked, several toddlers scampered past us followed by their parents, and a faint smile skimmed across Spencer's face. "Before all of this, I never really thought about having kids. But now, I have these visions of telling our children about this crazy time in our lives." ■

PHOTOGRAPH: COURTESY OF CRAIG SPENCER



Eric R. Mandel, MD

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Eric R. Mandel, MD is the founder and medical director of Mandel Vision, the premier LASIK center in the New York metropolitan area. An internationally recognized and published corneal micro-surgeon, Dr. Mandel began his laser vision research at Harvard's Ocular Research Laboratory and has specialized in refractive surgery for more than 25 years. Dr. Mandel has performed thousands of successful laser vision correction procedures using only the most advanced technology. Our custom Wavefront-guided VISX Star S4 laser and blade-free iLASIK system is approved for NASA astronauts and aviators in our armed forces. Dr. Mandel personally examines and counsels each patient and customizes each laser treatment.

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Great Calling, Lousy

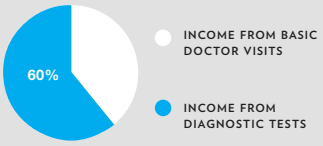
PRIMARY-CARE physicians, the first line of defense in our battered health-care system, get notoriously small reimbursements from insurers, a problem that has gotten worse in recent years. For many, the solution has been to join a group practice under the umbrella of one of the city's academic medical centers, where the doctors get better reimbursement rates from health insurers, thanks to the leverage of the hospitals, and the hospitals ensure a steady supply of primary-care patients, who can be funneled to their own well-reimbursed specialists for big-ticket procedures like cardiac stents and hip replacements.

How hard is it to stay in business as a private-practice primary-care doc? "We're dropping like flies," says Eric Kenworthy, a 63-year-old internist, who for the past 24 years has been a solo practitioner in Brooklyn's Cobble Hill area. The "safety in numbers" approach didn't suit Kenworthy's temperament. "I didn't want to be in one of those group practices where you have to have a meeting every time you want to change the colors of the drapes," he says. Instead, to stay afloat, he's had to get creative. Here, he walks through his expenses and revenues. "It's a wonderful profession," he says. "It's just a horrible business."

Here's What One Doctor Makes …

His Office's Best Year 2000		His Worst Year 2009	
Number of patients:	4,500	Number of patients:	4,000
Basic visits:	$260,000	Basic visits:	$210,000
In-office procedures:	$390,000	In-office procedures:	$90,000
Total revenue:	$650,000	Total revenue:	$300,000
Net income:	$300,000	Net income:	$150,000

Kenworthy set up shop in 1991. By 2000, his practice had grown to about 4,500 patients. All those visits translated to roughly $650,000 in revenue from insurance reimbursements—both private HMOs and Medicare—including for diagnostic tests. Office overhead ate up about half of that, leaving **an income of $300,000 to support his wife and three kids.**



Back in 2000, billing patients for doing tests using in-office equipment, like an ECG or a sonogram machine, amounted to about 60 percent of his income, making it the highest-grossing part of the business.

According to Kenworthy, since around 2000, HMOs have been aggressively cutting back what they pay primary-care doctors. By 2009, Kenworthy's **net annual income had shrunk by half, and he sometimes had to work ten hours a day to see enough patients just to make that.** Medicare continues to pay internists for diagnostic tests, but Kenworthy says private HMOs have dramatically cut what they'll pay for testing.

By 2009, diagnostic tests were just 30 percent of his income. Of course, doctors' overtesting to generate revenue was what fueled the HMO cost-cutting movement in the first place. But Kenworthy argues that the testing he does is medically justified, and that if low or nonexistent reimbursements deter him from testing, most patients will simply get them done by specialists, which ultimately costs the system more.

How Doctors Get Paid

Doctors are paid based on how long they spend with a patient, how complicated the health problems are—which insurers classify by levels—and what they actually do, including diagnostic tests administered with their own equipment.

Level 1 10 minutes	Level 2 15 minutes
Blood-pressure check	**Cold**
The most basic visits, like blood-pressure or blood-sugar checks, take only a few minutes. Insurers classify these as Level 1 visits. Kenworthy might bill for $30 or $40 and expect to get back $20, figures that haven't changed much over the past 15 years.	For a cold, the most common Level 2 visit, he bills from $60 to $75 and expects to get about $35, down from about $40 in 2000. Other Level 2's include rashes and nonroutine blood-pressure and blood checks.

Business

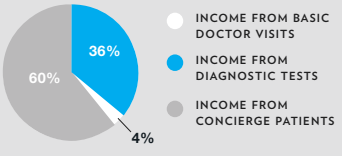
How do physicians actually make money these days? One internist opens his books.

By JOSEPH HOOPER

After Going Concierge 2014

Number of patients:	940
Concierge fees:	$245,000
In-office procedures:	$145,000
Total revenue:	$390,000
Net income:	$190,000

In 2010, Kenworthy switched to what he calls a "hybrid concierge" model. He now charges patients between the ages of 36 and 64 an annual concierge fee priced on a sliding scale starting at $1,000. In return, he's at their service 24 hours a day, house calls included, an availability he tries to extend to his non-concierge patients as well. (Younger patients don't get sick enough to justify the money; older ones have Medicare.) Even though Kenworthy's practice skews upper-middle class, most of his middle-age patients bolted. But enough stayed and paid—he's got about 235 concierge patients, which represents about one-quarter of his practice and about two-thirds of his income—that **his net annual income has inched back up. A more palpable difference: His waiting room is no longer overflowing,** and the average length of time he spends with a patient has increased from roughly 15 minutes (the national average) to 30.



… And Here's What He Shells Out

Kenworthy's expenses haven't gone up dramatically since the good years in the late '90s and early 2000s, roughly hewing to the rate of inflation. The biggest change: He's in the office only about 60 percent of the workday. The rest of the time he does phone consultations and house calls, so he goes through fewer supplies, has reduced his staff, and pays less for malpractice insurance.

PAYROLL
$100,000
Kenworthy has four part-time employees, who work the front desk and as medical assistants. Salaries range from $12 to $18 an hour. Pre-concierge, he was tied to the office all day and had six employees, costing him about $120,000 a year.

RENT
$40,000
He was lucky to find spacious digs on the corner of Clinton and Degraw in 2000. The rent has gone up by about 15 percent since then.

MALPRACTICE INSURANCE
$15,000
He was paying $25,000 in 2009, but now his reduced office hours qualify him as a part-time practitioner.

OFFICE SUPPLIES
$22,000
Syringes, latex gloves, bandages, suture material, hydrogen peroxide, paper towels, toilet paper. Vaccines kept in-house cost about $800 a month to maintain, down from about $1,200 in 2009.

DIAGNOSTIC EQUIPMENT
$12,000
The ECG machine is a relative bargain, $3,000 to buy; the sonogram is expensive, a $20,000 hit when Kenworthy bought a new one in 2008. He has to buy new breathing tubes for the pulmonary-function machine after every use, $2 each, which adds up to about $2,000 a year. The ECG tabs, used to attach the leads to the patient's chest, also have to be replaced after every use, adding another $3,000 a year.

BILLING SERVICE
$7,200
Kenworthy outsources his paperwork to a service that drops by the office once a week to collect.

PROFESSIONAL SERVICES
$12,000
He pays a cardiologist to interpret the echocardiogram and a sonogram technician who comes to the office twice a week to perform the tests. In 2000, he spent about $40,000 on these services.

COMPUTERS
$1,000
He's resisted buying into the electronic-medical-records system, so his computing needs are modest.

PHONES + UTILITIES
$7,000

COFFEE
$2,400
He invested in a Keurig coffee machine, $130, to give his now-less-frantic waiting room a more luxurious atmosphere. Monthly supplies run to about $200.

MARKETING
$0
Before he embarked on the concierge experiment, a patient of his who worked on Wall Street gave him a printout of the families in the area who made over $250,000. Kenworthy mailed them a thoughtfully worded pitch and got zero response, which signaled the end of his direct-marketing efforts. He gets generally good Yelp reviews, but he turned down an offer from an online-reputation company. "They said, 'For $2,000 a month, we can get rid of that bad review that said you were mean to his mother,' and I said, 'No, thanks.'"

BICYCLE
$0
He uses his wife's old Cannondale hybrid to make house calls.

Level 3
30 minutes plus

Physical checkup

About 95 percent of his concierge patients (see above) come in for an annual checkup. Kenworthy used to bill between $400 and $500 for a full physical—a Level 4 visit—and collect about half that, but now that insurers have switched to electronic medical records, Level 4's require extensive documentation. To avoid the hassle, he bills physicals at Level 3, checking a few boxes on a single-page billing sheet for each patient. "I'm still pen on paper, and my notes suck," he says. "But I spend time with people, and I know what's wrong with them." He'll bill at $100 for a standard Level 3 and expect to get back $60, down from about $75 in 2000.

Knee pain

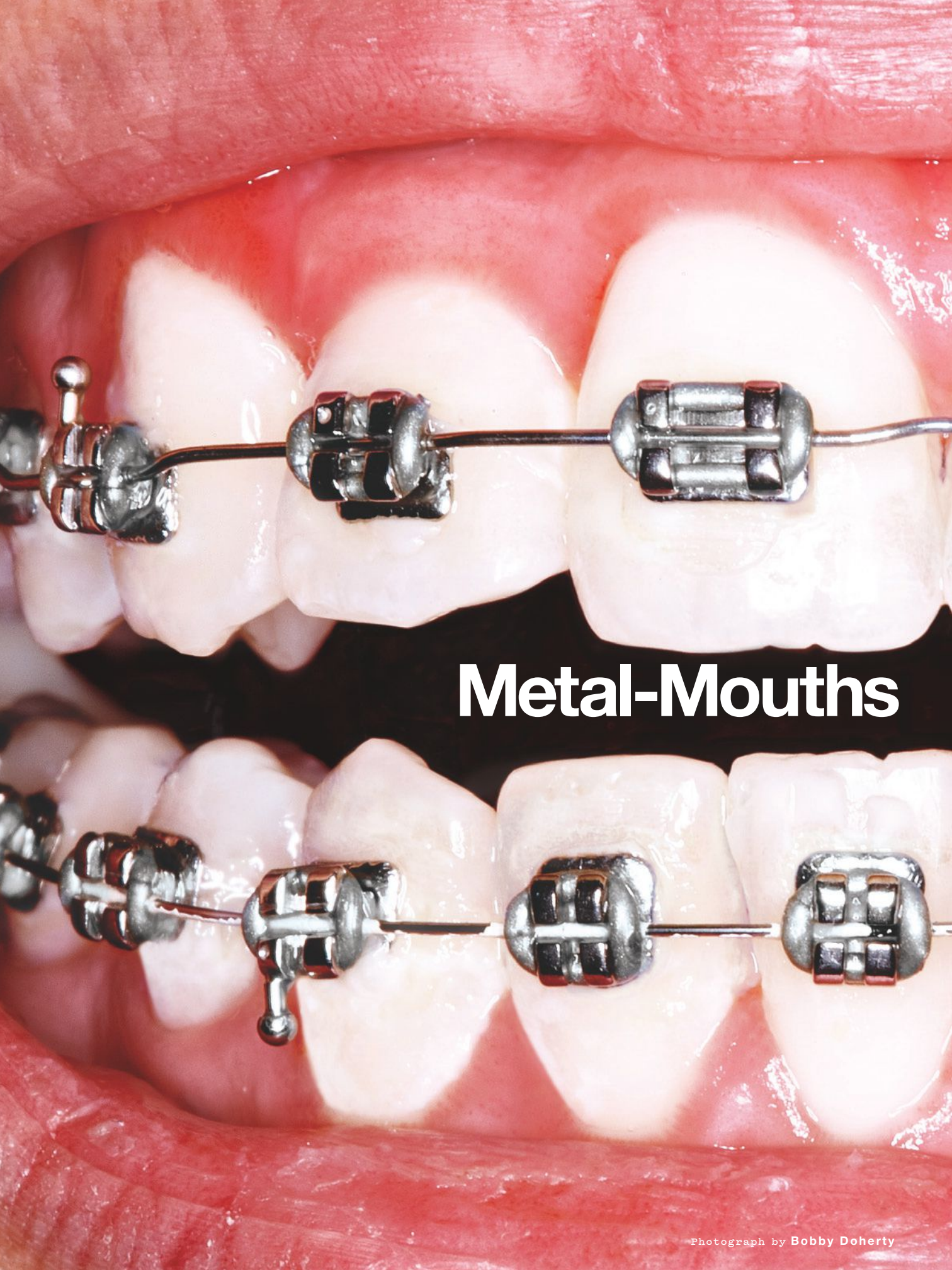
A knee exam can distinguish a serious injury from a sore knee in need of Advil and rest. But many primary-care docs don't have the time or expertise to screen for these cases, so patients flock to orthopedists, who may recommend expensive testing and surgical procedures.

Multiple chronic problems

Kenworthy still sees very sick patients who require testing. He just doesn't expect to get paid much, especially by HMOs. An asthmatic patient he saw in 2009 came in with chest pain. He spent an hour with him, giving him an ECG and a pulmonary-function test. He billed $525 and received $23.69.

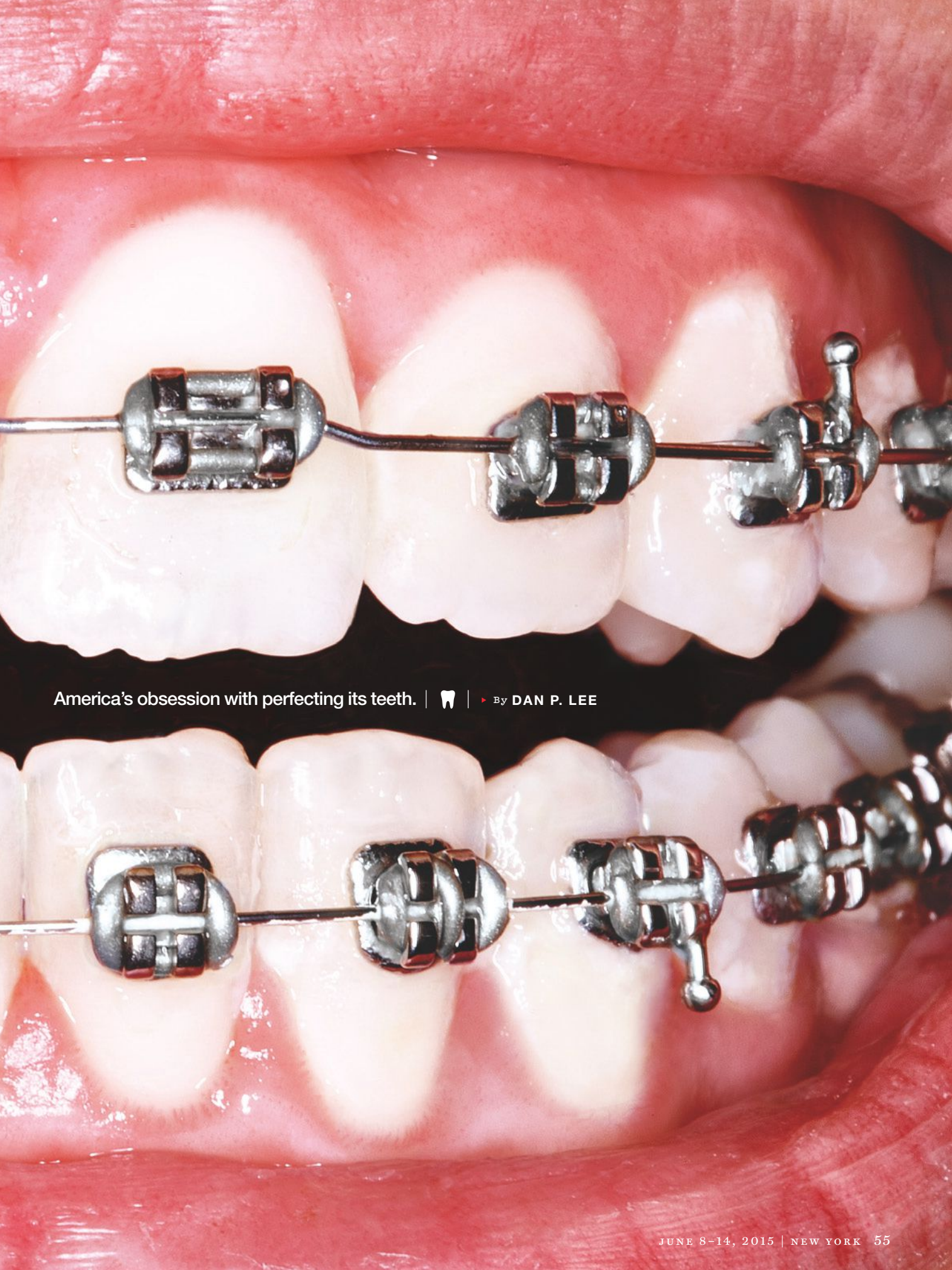
Foreign-travel vaccines

Most vaccines he gives are for foreign travel. Sometimes the insurer will reimburse him at less than the cost of the injection. A vaccine may cost him $50 to $60, and the insurer will pay him $35. Some HMOs forbid him from billing the patient for the balance, in which case "you send the patient somewhere else or you take the loss."



Metal-Mouths

Photograph by **Bobby Doherty**



America's obsession with perfecting its teeth. | | By DAN P. LEE

Smile

TART CHECK!" a technician called, and Dr. Ben Burris stood up from his MacBook in an anteroom of one of his 22 offices, a recent acquisition in the unlikely empire he's building around the State of Arkansas: as of last year, the world's largest privately owned orthodontics practice. "I mean, it's not rocket science," he said, rounding the corner to return to the immaculate, U-shaped treatment room that was pulsing with activity. Light was flooding through a bank of windows overlooking a strip-mall parking lot and a highway in Siloam Springs, near the Oklahoma border. Seven occupied chairs sat beside seven computer terminals. Technicians—young, all female, each wearing matching slim-cut pink scrubs—were whirling back and forth from the overflowing waiting room to the chairs to a giant island in the middle of the room, where they gathered hardware, chatted, and gooped huge blops of alginate for various orthodontic impressions. Rihanna beamed in via satellite: "*We found love in a hopeless place, we found love in a—hopeless—place.*"

Snapping on a pair of blue nitrile gloves and glancing at the patient's name and information on the adjacent screen, Burris saddled up at the farthest chair. Behind him on the wall hung two marker-board thought-clouds inviting patients to tag their Instagram selfies with "#bracesbyburris for a chance to win a BeatBox by Dr. Dre." Burris is 43, well over six feet tall and burly, with buzz-cut thinning gray hair and a flawless set of teeth. It was not yet 10 a.m., and so far he'd seen more than three dozen patients.

The visibly shaking 15-year-old girl wore an ANARCHY T-shirt and plaid lounge pants, her mouth and lips held wide open by a clear plastic device. Burris began moving the brackets the attendant had already floated atop glue and would use a blue-light-emitting wand to set. "Don't worry," he joked in his South Carolinian drawl. "I watched a YouTube video on how to do this last night." Barely two minutes later, he was snapping on another pair of gloves to remove, with a drill, the brackets and glue of another patient, an 18-year-old who was en route to Army boot camp. After he finished, she sat there, smiling, rubbing her tongue across her suddenly slimy teeth, clutching the clear plastic bag the assistants had given her, full of taffy and Jolly Ranchers and Blow Pops and all the things she hadn't been able to eat, as they suddenly clapped in unison, singing:

Na na na na na na na na na
Today's your big day
Today's your big day
Mighty mighty big day …

Before the vinyl of her chair had cooled, it was occupied again, now by a pimply boy with Justin Bieber hair who sat staring out the window. It was as if you could feel the memories being made, the particular view of the cars streaming down the Arkansas highway, Burris and the technicians, childhood, home, all of it—not just here but for teenagers across America, the vast majority of whom now wear braces, customers in a rapidly expanding industry that has little reason to exist except the clearest reason in the world.

HISTORICALLY, THE OPTIONS for improving the aesthetics of the human smile were rather limited: For centuries, if not millennia, extraction, dentures, or the filing down of teeth to create the illusion of alignment were the state of the art. The first modern orthodontia curriculum was established around 1900 by the St. Louis dentist Edward H. Angle, whose set of "malocclusion" classifications remains in use. Graduate programs proliferated after World War II, thus priming the country for the mainstream adoption of orthodontics as a somehow-necessary medical intervention.

But never before has mankind's obsession with the smile been so easily actionable. Cosmetic dentistry now represents the largest nonsurgical beauty industry after makeup. This includes the multibillion-dollar teeth-whitening business, which began in earnest in the 1990s with dentists applying peroxide gel directly to the teeth; soon they incorporated blue LED lights to accelerate the process. Nondentists caught on, and the technology became available in salons, shopping-mall kiosks, and online. (State boards staffed by dentists pounced, threatening retailers and sparking legal action; the Supreme Court recently ruled against them.) Teeth whitening has now trickled so far down-market as to be a mainstay of any grocery store, from home kits to additives in Colgate.

Of course, whiteness on a crooked smile is like lipstick on a pig. Over the past two decades, the number of North American teenagers in orthodontic treatment has nearly doubled, so that 80 percent are currently in an orthodontist's care, with the recommended average age of a first visit now 7. So it was perhaps inevitable that the population pool of potential customers would expand to include parents. Adults now make up roughly a quarter of all orthodontics patients in the U.S. and Canada, and dental hardware has come to constitute fashion: Models wore braces at Hood by Air's runway show in February, the same month they sparkled on the cover of Carine Roitfeld's *Fashion Book*.

Studies, mostly sponsored by dentists and orthodontists, regularly claim that life basically sucks for those with imperfect smiles. According to one from 2012, 38 percent of Americans would rule out a second date with someone with misaligned teeth, and those with straight teeth are 38 percent

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more likely to be perceived as smart. Americans supposedly prefer a nice smile to clear skin and are willing to go to great lengths to get one, even giving up dessert (39 percent) or vacations (37 percent).

The popularity of Invisalign, a treatment invented two decades ago that provides a simpler, retainer-type alternative to braces, is growing exponentially. Newer start-ups aim to democratize the industry further with mail-order DIY treatments. Amateur orthodontists (including a 24-year-old former design student) are attracting hundreds of thousands of visitors to their YouTube videos that instruct viewers how to close teeth gaps using $5 elastic bands.

When Burris was a child, he never imagined he'd enter the industry. His father had a small practice in South Carolina, and being the son of an orthodontist wasn't always a pleasure. "My old man—he used me as an experiment," he told me. "I was like a lab rat." He'd had braces three separate times, as well as headgear and something called a Frankel appliance, "which is even worse than headgear. You name it, I had it." He took a sip of his wine.

We were at Vetro 1925, a restaurant in historic downtown Fayetteville amid the beautiful Ozarks. Joining us were Burris's wife, Bridget; his hyperintelligent CEO, Matt Wilkins; and Wilkins's wife, Morgan. Ben and Bridget and their two young children had moved here, reluctantly, six months earlier. They seemed to be adjusting. The Italian floor manager, Fabio, already knew the Burrises by name and had offered them the one remaining bottle of Antinori's Guado al Tasso, a 1997 Tuscan red, which Ben took instantly.

Though Burris studied biology at the Citadel, at some point in his early 20s, genetics intervened and he enrolled in dental school and then an orthodontics residency. The evolution is almost complete. "I'm not *like* my old man," he said, "I am becoming my old man. It's scary." He's grown to respect his father, who at 72 still maintains a thriving two-location practice. The relationship is competitive—the younger Burris said he was "kicking his ass—yeah, all day long." It is also representative of a generational shift, as Burris's practice is predicated on constant, extraordinary growth.

Burris finished his orthodontics program towing almost $300,000 in student debt. His peers "all wanted to go to the Bay Area, or Charleston, or New York, or Miami, or wherever." The most populated areas, however, are the most competitive places for an orthodontist. In 2004, Burris learned of a practice for sale in Jonesboro, a small but growing town. Bridget, who is South African and had been living in Hilton Head before they met, was skeptical; her reaction to his broaching Arkansas, let alone Jonesboro, was, "Hell, no, I'm not going there." But they purchased the practice and made the move.

At first, Burris adopted his predecessor's financing protocol, which required $1,500 down, $200 to $300 per month, with the total cost paid in full by the time treatment was concluded. "We could see ten patients, and only three of them would start, because who has $1,500—like, okay, here's a check right here?" explained Bridget, who ran Burris's office then. A year or two in, they decided to significantly loosen the terms. Word spread, and their patient pool swelled: "People who work at gas stations, restaurants—a lot of our patients' parents had two jobs," Burris said. They were selling the American smile, and poor people wanted one as much as anyone. "I mean, this is Arkansas," he said. "You have to admit you've heard that Arkansas is barefoot and toothless. But people judge you. The baseline minimum for being acceptable has been raised."

The business expanded rapidly and began getting away from them. In 2013, they hired Wilkins, who persuaded them to relocate to the juggernaut that is Northwest Arkansas. The region's most famous corporate resident is Walmart, which employs tens of thousands of Americans who have relocated from other parts of the country. But the other major corporate resident has been at least as much of a boon for Burris: Tyson Foods, one of the largest meat purveyors in the world. Tyson's growth has attracted a large immigrant community, which Burris proudly woos. "What other doctors say about us in a derogatory way is that we're the 'Mexican orthodontist,'" Wilkins said. "Because the people who work at Tyson processing chickens can bring their kids here, and we have people that speak Spanish, and you can get payment plans."

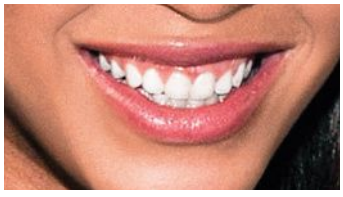
Wilkins told me that, 99 times out of 100, the obstacle to landing a new customer is whether they think they can afford treatment. The practice refers to its prices as "comparable," but its financing options are unusually liberal—all of the banking is handled in-house, with terms of up to 60 months interest-free, regardless of treatment duration—and it is currently carrying roughly $40 million in patient accounts receivable. (Of the company's 190 employees, more than a dozen are responsible for tracking loans.) "Think about cars," Burris said, chewing his filet. "I mean, how much does a new car cost? Nobody knows, because the commercials are, *How much down, how much a month*." Burris credits

We Love Them for Their Smiles

How many can you identify?

1.

2.



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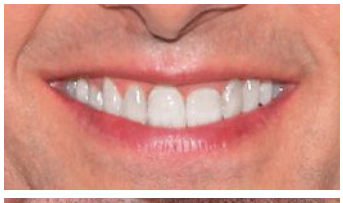

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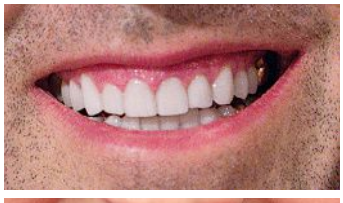

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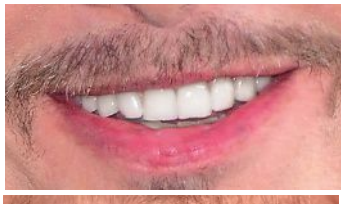

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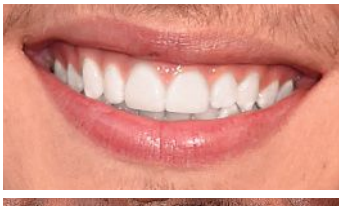

8.

Answers: (1) Angelina Jolie; (2) Beyoncé; (3) Tom Cruise; (4) Ben Affleck; (5) Julia Roberts; (6) Brad Pitt; (7) Justin Bieber; (8) Kevin Hart

PHOTOGRAPHS: CHRIS POLK/FILMMAGIC/GETTY IMAGES (JOLIE); PATRICK MCMULLAN (BEYONCÉ, CRUISE); ANDREW HARRER/BLOOMBERG/GETTY IMAGES (AFFLECK); DAN MACMEDAN/WIREIMAGE/GETTY IMAGES (ROBERTS); BARRY KING/FILMMAGIC/GETTY IMAGES (PITT); JEFF KRAVITZ/FILMMAGIC/GETTY IMAGES (BIEBER); STEVE GRANITZ/WIREIMAGE/GETTY IMAGES (HART)

PHILIP J. MILLER, MD, FACS

Double-Board Certified Facial Plastic Surgeon

Considered one of the top facial aesthetic surgeons in America, Dr. Philip Miller is particularly noted for his expertise in rhinoplasty and facelift surgery. As a double board certified surgeon, in both Head and Neck Surgery and Facial Plastic Surgery, he is a leading expert not only in improving the look of noses, but also in improving the overall aesthetics of the face. His intention is not to make overly sculpted results that possess all of the hallmarks of obvious plastic surgery. On the contrary, his goal is to create a natural looking enhancement that revolves around the more sensual facial features.

Although he acknowledges a unique passion for rhinoplasty, Dr. Miller's practice is not limited to nasal surgery. He performs neck and face lifts, cheek, chin and jaw implants, cosmetic eyelid surgery, Botox® and facial fillers. He brings a unique perspective to these procedures that is responsible for his remarkably natural results.

"Patients do not just want to look younger. They want to look better. Youth and beauty are not synonymous. Patients do not want to look better at the expense of looking different from the view of themselves. The point is that people have unique features that define who they are. Those fundamental features need to be preserved and care fully enhanced. The goal here is threefold: Look younger, look better but keep looking like yourself", says Dr. Miller.

"Patients do not just want to look younger. They want to look better. Youth and beauty are not synonymous."
PHILIP J. MILLER, MD, FACS

Dr. Miller's results have also gained him an international reputation from his peers. Elected to serve on the Board of Directors of the American Academy of Facial Plastic Surgery, Dr. Miller is regularly invited to speak at their yearly meetings. He has published original articles and contributed book chapters, and has been voted as a Best Doctor in America for the past seven years and listed as a Best Doctor in New York Magazine three years in a row.

Dr. Miller's office is located at 60 East 56th Street, 3rd Floor in Midtown New York. You can find more information at www.DrPhilipMillerRhinoplasty.com and www.DrPhilipMiller.com. If you would like to schedule an appointment to meet with Dr. Miller you may contact the office at (212) 750-7100 or by email at welcome@drphilipmiller.com.

much of his success to this "revolution in orthodontic financing—we're responsible for that, not just here but nationwide." His practice saw 6,500 starts, or new patients, in 2014. (The national average is 245.)

Burris explained how he was in the process of expanding further—he was finalizing a merger with two of Arkansas's largest dental practices, so that, in Wilkins's words, they could care for patients "in their full life cycle." (The merger is now complete, and the new company will rebrand next month as Arkansas Dentistry and Braces.) This strategy is partly defensive: Dentists in Arkansas have been getting in on the orthodontics land rush, thanks to state regulations that expressly prohibit orthodontists from providing dental care but not vice versa. Burris has sued the dental board over this, but expanding his business into dentistry seemed like the savvier course.

I told him that all of this struck me as possibly overkill. Was becoming this enormous really a matter of survival? He and Wilkins were adamant. Last summer, Wilkins said, he'd been "invited to one of the largest corporate practices in the country. And it was laid out to us that we should sell to them because they're coming here anyway."

"If you're not big enough to control your own destiny," Burris said, taking one last sip of his wine, as they all nodded in agreement, "you're gonna get blown down in the wind."

THERE WAS A PALPABLE breeze blowing one warm, beautiful, blue Friday morning in the Ahwatukee Foothills neighborhood, separated from the rest of Phoenix by the South Mountains. I'd aimed to be at the office of Dr. Chris Woolaver, whose Invisalign practice is the largest in Arizona and among the top in the world, when it opened for its first patients at 7 a.m., but a series of horrific, fatal multicar crashes on the city's absurdly enormous, absurdly high-speed interstates—mangled vehicles covered in sheets for victim privacy—ground traffic to a halt. By the time I arrived at the upscale office park, the practice was humming along.

Two friendly blonde receptionists manned the front desk of the 4,000-square-foot "open-concept clinic," which felt more like a sports bar than a doctor's office. The overhead lighting was modern and dim; there were several leather chairs and a coffee table, along with a granite bar featuring multiple computer terminals for patients and parents to surf; behind the bar was a soft-serve ice-cream machine, a Keurig coffee station, a soda machine, and a refrigerator filled with drinks. No fewer than a dozen televisions were tuned to ESPN's *SportsCenter*. At a far end of the room, four fit technicians, all in sneakers and matching athleticwear with #yolo-smilemore on the back of their shirts, milled calmly about eight treatment stations. Woolaver, who is slight but also fit, approached, offering me a firm handshake and explaining that his partly bleached hair was the remnant of a Halloween party in which he'd impersonated Billy Idol. "I'm a crazy guy," he said in his thick Nova Scotian accent. "I like to have fun."

Woolaver, 43, and his wife, Allison, had come to the "promised land of sunshine and palm trees" in a process he likened to "throwing a dart on a map." He had secured an employment offer from a larger firm, where he saw upwards of 150 orthodontics patients a day, and had intended to quickly obtain his green card, but then the 9/11 attacks slowed immigration dramatically. Finally, in October 2008, Woolaver Clearsmiles Orthodontics opened its doors in bustling Ahwatukee. "The typical thought in opening a new orthodontic practice is to go to the outskirts of the city and open it in a new, growing suburb," he explained. Instead, he adopted the "Burger King philosophy," opening across the street from a competitor called Team Orthodontics and betting that he could differentiate himself by offering the newest in orthodontic treatments.

It would be difficult to overstate how significantly Invisalign shifted orthodontia upon its initial release in 1997. It was invented by Zia Chishti and Kelsey Wirth, two Stanford business-school students with no dental experience other than Chishti's noticing that his teeth shifted when he did not wear his clear-plastic retainer often enough at night and shifted back when he did. Their prototypes were created in a Silicon Valley garage; the company's revenues last year were more than $700 million. Many orthodontists remain wary, fearing the consequences of a less labor-intensive procedure, but Woolaver sees Invisalign as a train best ridden.

The goal is uniformity, with no discernible gap or overlap; the teeth should resemble a gleaming-white solid strip of plastic.

At least 60 percent of his patients are Invisalign patients, including, in a far corner, Julia, a teen with a long, still-wet morning ponytail, who was midway through her treatment; her mother sat on a window seat nearby. Woolaver rolled over in his chair and began removing several almost invisible tooth-colored bumps that act as anchors for the succession of clear plastic trays that were incrementally moving her teeth into place. When he was finished, he explained, a technician named Tony would use a wand attached to a large box on wheels to take a further series of several hundred thousand photographs of Julia's teeth. Invisalign's computer technicians in Costa Rica use these to create three-dimensional "impressionless impressions" of all the iterations of a patient's smile, present and future, in order to plot treatment. Digital copies are sent to Woolaver, who reviews them in his office. "I turn on *SportsCenter* and grab a coffee and sit down at my computer and tweak 'em all," he said. The trays then arrive via FedEx from Juarez, Mexico, and Woolaver doles them out in regular intervals.

Woolaver had already fixed the mouths of Julia's brother and mother, who'd recently finished her Invisalign treatment. She'd never considered traditional braces at her age. She'd moved to the U.S. long ago, when her husband, a Dutchman, got a job here. She'd had, she explained, "the typical British teeth, and I had lived here too long and I wanted to look—"

She hesitated and smiled. Woolaver's instrument whirred.

She called her decision to receive Invisalign among the best she'd ever made. I wondered what her family and friends in England thought of her new smile.

"They say, 'Oh, you're so American,'" she said. "That's actually what they say: 'You are so *American*.'"

Woolaver finished up with Julia and moved on energetically: two more adult Invisalign patients who had worn braces as children but now suffered shifting that seemed largely unremarkable to my eye but not to Woolaver's or theirs. Woolaver explained to one that he had developed a bit of an underbite, which, uncorrected, could cause problems.

According to orthodontists, the risks of nontreatment run deeper than a lifetime of flashing ugly smiles: Poor bites over time can cause increased crowding and the filing down of teeth. But some studies suggest orthodontia might actually have some del-

As the founder and Medical Director of Long Island Heart Associates, Dr. Steven Shayani has dedicated his career to creating a cardiology program that ***changes lives,*** providing patients with the best possible care. His passion for advancements in cardiac care has led him to become the President of the New York Heart Research Foundation, conducting groundbreaking, multinational research into disease prevention, diagnosis, and treatment. Recognized as a pioneer in cardiac imaging, Dr. Shayani has assembled the most technologically advanced team in the field, identifying and treating heart disease, ***before*** it is life threatening. Dr. Shayani is affiliated with the area's leading hospitals; The Mount Sinai Medical Center, St. Francis Hospital and Heart Center and North Shore LIJ Health System.

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eterious effects, including tooth decay and enamel decalcification, particularly for those with poorer hygiene. Forcing teeth to move can also expose the roots of the teeth above the gum line. Serious gum recession can be corrected only through gingival grafting—the painful and expensive process of transplanting one's gum tissue. There is also evidence that mechanically altering bites can induce jaw disorders like TMJ, though orthodontists counter that uncorrected aberrant bites are at least as likely to cause these issues. Even orthodontia's basic premise—that teeth are capable of moving—goes both ways: Only by wearing a maintenance "retainer" for the rest of a patient's life can this fact be potentially mitigated. The arrival of wisdom teeth in the late teens to early 20s has ruined many an orthodontist's masterpiece.

Did he really need braces?
"I mean, need is food, shelter, clothing. This is braces."

Almost never do orthodontists hear from their patients requests to preserve—let alone create—any distinction: a playful front gap, say, or scraggly teeth. (The singer Jewel has written extensively about the pressure she's felt to correct her smile, acknowledging she is "best known for having crooked teeth" and describing the experience of wearing prosthetics for a film role as "not that I felt prettier as much as I suddenly felt … normal.") The goal is always uniformity, with no discernible gap or overlap; viewed from the slightest distance, the teeth should resemble a gleaming-white solid strip of plastic. When I asked Burris what differentiates his smile, he cited a devotion to absolute straightness. "It's the very upright, very visible torque on the upper incisors."

Woolaver described his Platonic smile more exactingly. Sitting in his plush leather-and-wood office, he cited the "six keys of occlusion," as well as the concept of the "smile arc," that the teeth should "match the curve of the lower lip, like a great beautiful aesthetic smile has an arc to it." When he also cited "beautiful people" as standard-bearers, I invited him to cue some up on his large Mac desktop.

He started by searching for "great smiles." Amid the generic stock photography—mostly advertisements by dentists or orthodontists—appeared an old image of Julia Roberts, a person he and virtually every orthodontist uses to explain to parents the virtues of a big, wide smile. He enlarged it. "Okay, so to me, yeah …" He stopped: "*Eoooof*—that looks like a clown. But orthodontically, good smile arc, straight, beautiful, though, yeah, she's a bit gummy." He looked closer: "There's her lower midline. She has a mandibular deviation to the left. Uh-huh …"

He tried Brad Pitt. There was a difference in the arc: "Masculine teeth are a little more square." Woolaver scrolled down, stumped: "So look at him: Three-quarters of his smiles, he doesn't show teeth." I wondered if Brad Pitt was even known for his teeth. "Yeah, I guess not," he said.

He asked whether I knew about Tom Cruise's "awful teeth." He cued up a photo, pointing with a pen, and indeed they were, at least from an alignment standpoint: "So his midline, that's the middle of his teeth, is like 5 millimeters off to the left because he's missing a tooth on the left, and everything's shifted way over there. Orthodontists laugh at how people think he's the super-sexiest guy ever 'cause we're like, *My God, he's got the worst frickin' teeth in the world!*"

I mentioned Angelina Jolie. He enlarged a photo of her. "Um, okay, as soon as I look at it, I see this lateral incisor is overangulated—that's angulation. That tooth needs to be there," he said, pointing to the screen.

I asked if he'd recommend braces.

"Unlikely," he said. "That's a fairly aesthetic one."

THE STORY OF American orthodontia is, in many ways, a capitalistic parable, not to put too fine a point on it. Woolaver, for instance, lives in a 6,000-square-foot house. Yet Woolaver Clearsmiles Orthodontics clearly has not evolved in quite the way he'd imagined. He'd arrived in one of the fastest-growing cities in the country, and the orthodontists were descending en masse. The threats became existential. The economy collapsed, older orthodontists opted not to retire, and, despite the glut, universities—themselves huge businesses—have continued opening orthodontic programs, with young, debt-laden orthodontists having few options but to staff and thereby fuel the giant dental corporations and franchises sweeping the country. The office building Woolaver purchased for $750,000 is now worth $350,000. He accepts every available insurance. While his average case fee is less than $5,000—for his Aetna patients, for instance, it's around $4,700—his colleagues in places like Minnesota or Fresno, California, are commanding upwards of $8,000 a case. His overhead is significant. Interest-free financing for patients has become an industry standard. "I'm a banker," he said, "and I never wanted to be a banker." It is becoming increasingly difficult to compete with corporate conglomerates. "It's the Walmart-ification of orthodontics," he said finally. "That's where orthodontics is heading, and we're doing it to ourselves."

Just then, his managing coordinator, Theresa, interrupted: A potential new patient was ready for him. In a consultation room behind frosted-glass barn doors, Woolaver sat down at a desk across from a 14-year-old named Liza, who was tiny yet amiable, with dirty-blonde hair and white Converse high-tops, and who was accompanied by a father from whom she had inherited a slightly spacey smile. Liza's open mouth was blown up on the big-screen television. Woolaver sprang even more to life, moving in to inspect, sing-songing, "Hang on! Tip way back! Easy stuff! Just looking!"

She had "extra spaces" and a moderate overjet, which in time would wear and chip her teeth's tips and she'd need crowns. There were two options: braces or "Invisalign Teen." The advantage to Invisalign, which Woolaver noted he'd be using on his own kids, was that it did not feature so much "*stuff*." He referenced the plaster model in his hands and said, "I want to get her to walk out of here with a set of teeth as close to this as I can." Theresa would discuss the financials with them.

A little while later, Woolaver asked Theresa how it had ended up. Liza and her father had left without signing. They'd already had consultations at Team Orthodontics and at another area orthodontist Woolaver had never heard of. "They're shopping," he said.

BURRIS GENERALLY has an easier time sealing the deal. One morning at his Siloam Springs office, which shares a common wall with a Quizno's, Janet Jackson's "Escapade" was pumping. Burris had taken ownership of this five-location practice two years ago, in a $7.5 million deal, and was visiting for the one day a week this office was currently open. (He typically has his hands in mouths five days a week, floating throughout each

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of his offices.) He had appointments to see 170 patients this day, 15 of whom were starts. Burris saddled up: "This is gonna make some noise, feel a little cold, and smell like fireworks," he warned a teen, preparing to drill away the glue now that the technician had removed the brackets. He did not know his patient's name. "We have narrowed down the 'what we will do' to this," he had told me earlier: "We provide great service and a great treatment, and everybody's special. If you want to be more special than everybody else, I don't want you in the practice." They were "Toyota and Ford people, not Mercedes and Cadillac people."

When all the technicians were busy and Burris had a free moment, I took the opportunity to ask what attracted him to this location. He had me follow him as he pushed open a door into a vast asphalt parking lot. "Do you see what's right over there?" he asked, pointing to an enormous Walmart. "Hardee's will come in, and McDonald's will come in. A Walmart will come in, but Lowe's, Chick-fil-A, Chili's—they don't come in till it's a proven market." As long as more conservative chains like LongHorn Steakhouse and Red Lobster have yet to discover a town, Burris saw opportunity. Burris's office manager here, Karol, a 28-year-old of Cherokee descent, said the majority of their patients came to the practice from driving by on Route 412 or from Googling "best orthodontists," but there were also billboards, ads on radio and TV, and a snow-cone truck and a placarded Toyota Prius, which happened to pull up alongside me at an Einstein Bros. Bagels several towns over. Karol estimated that the majority of the clientele were Native American, including from the Cherokee Nation just over the border. The office accepts all insurances, private as well as Medicaid, and offers a 20 percent discount for holders of a Certificate of Degree of Indian Blood card.

New clients streamed in. One, a 13-year-old Native American, had teeth that looked, from his X-rays and photos, like he'd already had braces. "To a layperson, yeah," Burris said. Did he really need braces? I asked Burris. "I mean, need is food, shelter, clothing," he said. "This is braces." But, he continued, "it doesn't make any difference what I think of his teeth. It's what he thinks of his teeth." When I wondered out loud about his motivations, Burris was steadfast that this was not about money. He and Bridget had moved into a relatively modest house in a Fayetteville cul-de-sac; he drives a pickup truck; travel is their only luxury. Before Wilkins arrived, Burris insisted, the practice was barely profitable.

Another new patient, Jennifer, 36, was being seen by Burris's treatment coordinator, Clive (who was also wearing braces). Her 16-year-old daughter was a patient getting her braces off soon; her 13-year-old son was obstinate, but Jennifer hoped he'd change his mind so he "doesn't get like me," she said. Jennifer and her ex-husband, who worked for a trucking company, used a payment plan for her daughter. It was surprisingly cheap—about $130 a month. "It's finally my turn," she told me.

Interest-free financing has become an industry standard.

"I'm a banker," said one orthodontist. "And I never wanted to be a banker."

I asked what had led her here. "I'd like to have a pretty smile," she said shyly. Burris breezed in, cheerfully, sitting down in the chair next to hers. He asked her to open her mouth and bite down. Closing the space from her missing lower tooth would take years. "So we're pretty much gonna leave that alone."

"That's cool," Jennifer said. "Nobody can see that."

He was pointing at her photos now. His primary concern was "the gums right here, 'cause they come down pretty far right there and you're a little bit red." She would need to see a dentist and a periodontist.

She was clearly disappointed; Burris otherwise would have had her in braces the same day. "Okay," she said. "Mmm-hmm."

But the periodontal work would be straightforward. "Long story short," Burris said, "once we find out what's going on, braces for a year and a half."

"Really?" she asked excitedly. "Yay!"

Clive secured for her the name of a local dentist before turning to the issue of financing. The total cost was $6,280. Jennifer mentioned her daughter's $130-a-month payment. Clive wondered about her down payment: Could she do $500 by the end of the year? It would take her a few weeks longer.

"Wanna do $250, if I could get that to work?" Clive asked.

She did.

She handed him one credit card, then changed her mind, then handed him the first card again.

THE AMERICAN SMILE is now such a well-known commodity that other countries have taken the ball and run with it. Over dinner, Burris and Wilkins told me about a recent trip they'd taken to a huge dental show in China to pursue manufacturing options for a new bracket Burris had designed. "We were shocked," Wilkins said. "It was, *Look at this new implant we can do. We can take out all your teeth and instantly give you a smile.*" Burris likened it to "permanently installed dentures." A live demonstration took place on the convention floor—

"No!" said Bridget. "Are you serious?"

"It was a freaking madhouse," Burris said, laughing.

"But it's almost like that's the way to compete with what we're doing," Wilkins said. Which, of course, begs the question of what exactly it is that they're doing. According to Marc Ackerman, director of orthodontics at Boston Children's Hospital, no definitive evidence exists demonstrating better overall oral health for people with corrected smiles, once you control for hygiene. And yet parents continue to subject their children to a drawn-out, expensive, and often painful intervention that might not be so much more medically necessary than breast implants. Perhaps this is too morally fraught for parents to acknowledge. Or perhaps it isn't morally objectionable at all. For those of us who had braces as children and have straight teeth as adults, the adjudication is easy: It was absolutely worth it. The world is a chaotic place, and who's to object to a little beauty—even if it extends no further than a smile?

Woolaver himself is proof of this. He had, he told me, been born with a cleft palate, a malformation that occurs in utero when the two bones that should fuse to close the roof of the mouth do not. It had been a very difficult childhood. "It drove my life, 'cause it's your face," he said. He'd had his first of at least six cleft-related surgeries at a few months old. He'd had his last at 18. At 12, he got his first set of braces. His teeth were "everywhere around the cleft—sideways, malformed, as bad as you think teeth can be." He described braces, bone grafts, medieval-sounding appliances, surgeries. His orthodontist's office—energetic, lively, happy—became a respite, his orthodontist an inspiration. The braces came off and went back on. Woolaver went to orthodontics school with them still applied, his classmates ultimately helping him formulate his treatment. When they came off for good, at age 28, his teeth were still small, misshapen, and unsightly. First he had them bonded. Eight years ago, he got his veneers.

"And now," he said, smiling a lovely, perfectly unremarkable smile, "I'm done." ■

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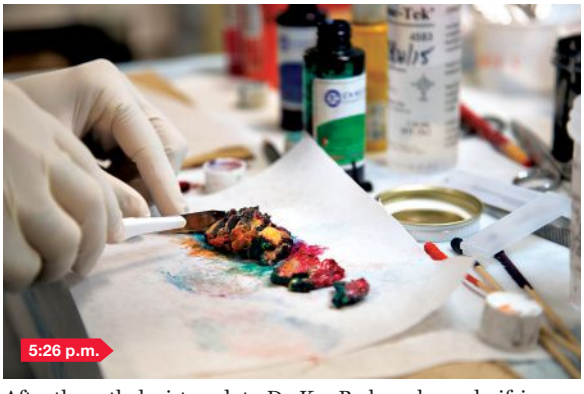
We'll Know in Half an Hour

MOST POSTSURGICAL TISSUE SAMPLES sent to the pathology lab at Memorial Sloan Kettering go through a close examination that delivers results the next day. But when a patient is on the operating table and a surgeon needs information right away, that won't work. In those cases, the tissue goes down one floor, via pneumatic tube, to MSK's frozen-section lab, where a team snaps to attention within moments of its arrival. The specimens—which would otherwise be

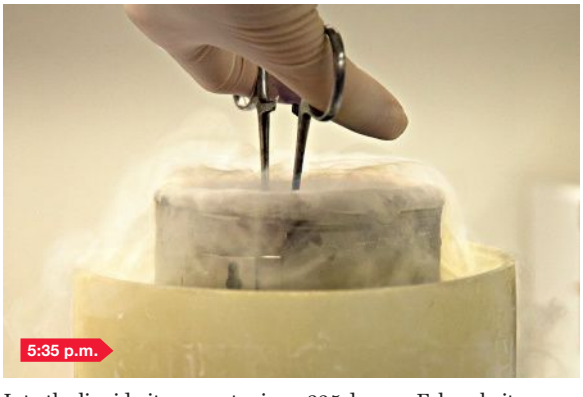
A canister arrives from the operating room through the tube with a loud *whoosh*. A staff member grabs it. Inside is a mass that has just been removed from the chest wall of a young patient.

The vial inside the canister is marked FS, for "frozen section." A staff member, Jonathan Clarke, logs it in, bar-coding everything in a process called "accessioning," to prevent any mix-ups.

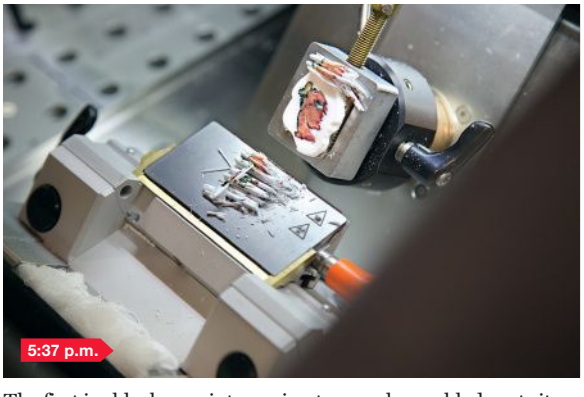
Dr. Jason Lane, the pathology fellow on duty, applies four colored stains to the sample so that its sections can be differentiated once it's cut up.



After the pathologist on duty, Dr. Kay Park, makes a clarifying call to the surgeon—"He wants margins," she reports—Lane takes scalpel in hand and begins to make neat slices.



Into the liquid nitrogen, at minus-325 degrees Fahrenheit. The sample freezes hard in less than a minute.



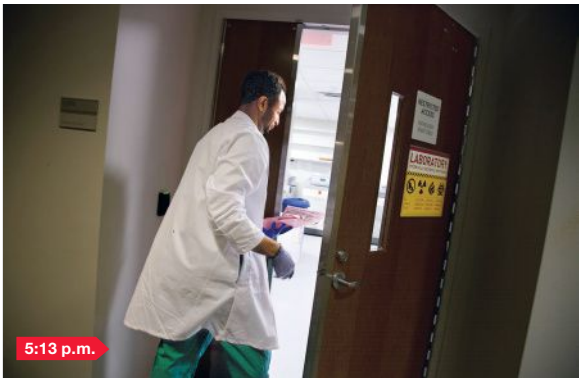
The first icy block goes into a microtome, where a blade cuts it five microns thick. Each of the thin sections is then set on a microscope slide and dunked in a series of stains and solvents.

Photographs by Stephanie Sinclair

Is it cancer? High-speed pathology at Memorial Sloan Kettering, while the patient is still on the table and the surgeon awaits an answer.

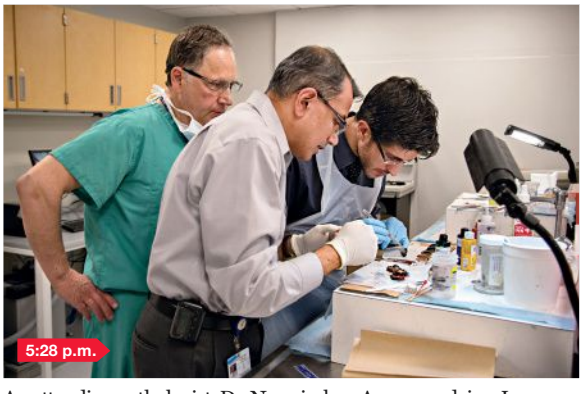
By CHRISTOPHER BONANOS

dehydrated and embedded in paraffin wax, a process that takes several hours—are dunked into liquid nitrogen and frozen in moments, then sliced ultrathin for viewing under a microscope. The aim is for the pathologist to call the OR with results in half an hour, although complex cases can take a little longer. The one photographed below was one of those, conducted on a recent weekday afternoon. (We have obscured a few details to avoid identifying the patient.)



Clarke runs the sample across the hall to the frozen-section lab.

Sutures in five colors—green, blue, black, purple, and white—indicate five margins of tissue around the tumor that need to be examined for cancer cells.



An attending pathologist, Dr. Narasimhan Agaram, advises Lane further: "We can do it in multiple blocks." "Yes, bisect it. Cut it there." The surgeon, Dr. Michael La Quaglia, comes downstairs for a look.

Four stained slices are set on small metal carriers, each topped with a glob of goo called optimal-cutting-temperature compound. It will encapsulate the tissue for clean slicing.

The first of the slides goes under a microscope for viewing. The blue dots spread throughout this view are the actual tumor cells; the rest is the fatty and fibrous tissue that makes up the mass.

At a four-way microscope, the doctors talk. "So it's clear on the inferior and lateral margins; everything else is close or positive." More will have to come out to get to a clean margin, including possibly a rib.

Epilogue

About half an hour later, the surgeon sent 15 more tissue samples down to the lab. They showed a mix of positive and negative results, which were reported to the OR at 7:12 p.m. From here on out, the patient will be closely monitored.


Photo: Brian Jackson
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New York

Best Doctors 2015

1,282 Physicians in Every Specialty

Our annual selection of the city's top physicians 2015

Who Decides?

Frequently asked questions about how the doctors are chosen.

Who picks the doctors? A New York City research and information company, Castle Connolly Medical Ltd., publishes an annual guidebook titled *Top Doctors: New York Metro Area*, which lists those whom Castle Connolly considers among the top 10 percent of the region's physicians— 6,497 in all. For the past 17 years, Castle Connolly has been providing *New York* with a shorter version of this list for the magazine's Best Doctors issue. Space prohibits *New York* from publishing the full list; this year, the doctors on our list number 1,282.

How does Castle Connolly decide which doctors are the best? The firm conducts a peer-review survey. The idea is that medical professionals are best qualified to judge other medical professionals, and if one recommendation is good (think of your doctor referring you to a specialist), multiple recommendations are better. Licensed physicians vote online (castleconnolly.com/nominations) for those doctors they view as exceptional. Participating physicians are asked to nominate those doctors who, in their judgment, are the best in their field and related fields, taking into account not only professional qualifications and reputation (education, residency, board certification, hospital appointment, and disciplinary record, for example) but also skills in dealing with patients (listening and communicating effectively, demonstrating empathy, instilling trust and confidence). Doctors cannot nominate themselves, and all nominations are confidential. The Castle Connolly physician-led research team then tabulates the results and vets the nominee pool, confirming the doctors' board certifications and licensing, and investigating their disciplinary histories.

Are the results adjusted at all? Yes. The list is first adjusted for geographic balance. Because both Castle Connolly's book and the list *New York* publishes are meant to help patients find doctors in their communities, Castle Connolly includes at least some top doctors from each relevant geographic area. On the one hand, this makes the list useful to the greatest possible number of *New York* readers; on the other hand, as a result of the concentration of excellent doctors in Manhattan, it forces some Manhattan doctors off the list.

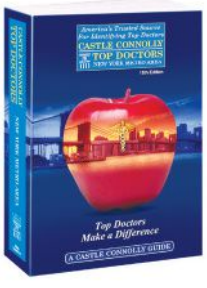
Second, Castle Connolly strives for balance across specialties. Top doctors in popular specialties, therefore, might be left off in favor of a few in less populated fields. Keep in mind, though, that all the doctors listed, regardless of location or specialty, are included because they came highly recommended by their peers and that all were thoroughly screened by Castle Connolly.

My doctor says he was left out last year because of politics. Could that be true? To the extent that politics can enter into any peer-review process, it is possible that a given nominator had concerns other than an objective assessment of his peers' skills when filling out his ballot. But Castle Connolly doesn't play favorites in its selection process, and the large number of nominators tends to correct for any individual's ulterior motives.

If my doctor is not on the list, does that mean he is not a great doctor? No. The selection of doctors by peer review—and the compilation of a list that considers diversity of specialties and geography—inevitably leaves out many outstanding doctors.

Don't the same doctors get nominated every year? Many doctors do, but there are many new doctors on the list each year, too. Because established, well-known doctors are exactly that—established and well-known—the list may favor that kind of physician. That may mean fewer new choices each year, but it also means the list is inherently conservative. Given the importance of choosing a doctor, Castle Connolly and *New York* view that as a healthy bias.

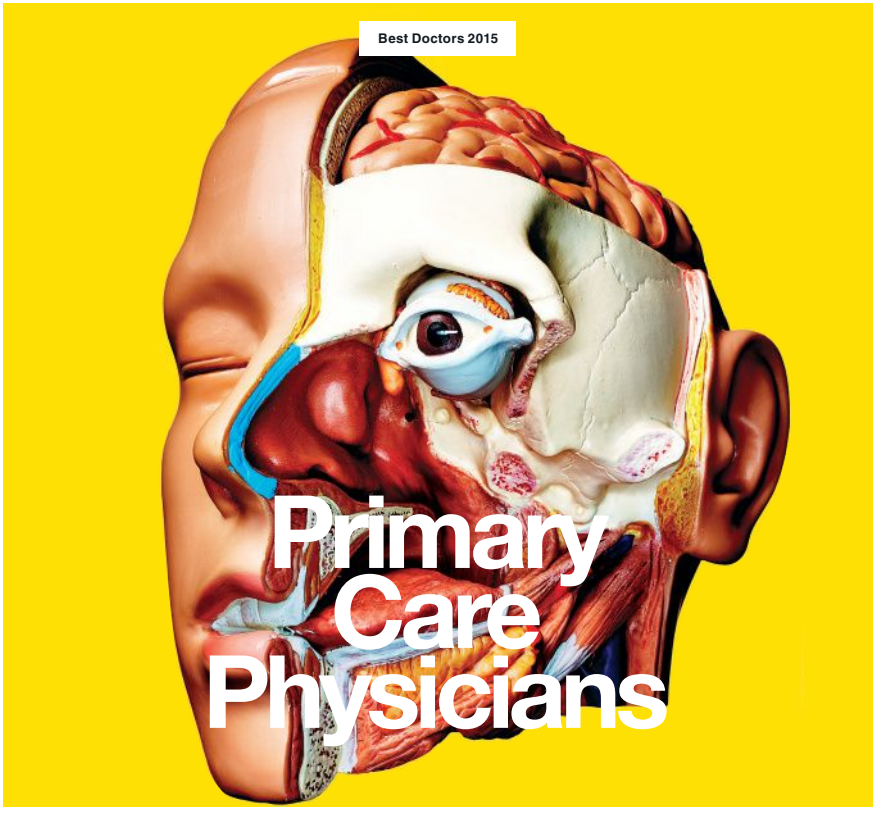
One of my doctors was on last year's list and isn't on this year's. What does that mean? It doesn't necessarily mean anything; it certainly shouldn't be taken as proof of a drop-off in the doctor's effectiveness. Getting on the list once doesn't guarantee a doctor a "lock" on a position; the selection process begins anew every year.



How can I see the full list of 6,497 doctors? The 18th edition of Castle Connolly's guide to the best in our area ($34.95) is available for purchase online at castleconnolly.com.

PHOTOGRAPH BY BOBBY DOHERTY

Best Doctors 2015



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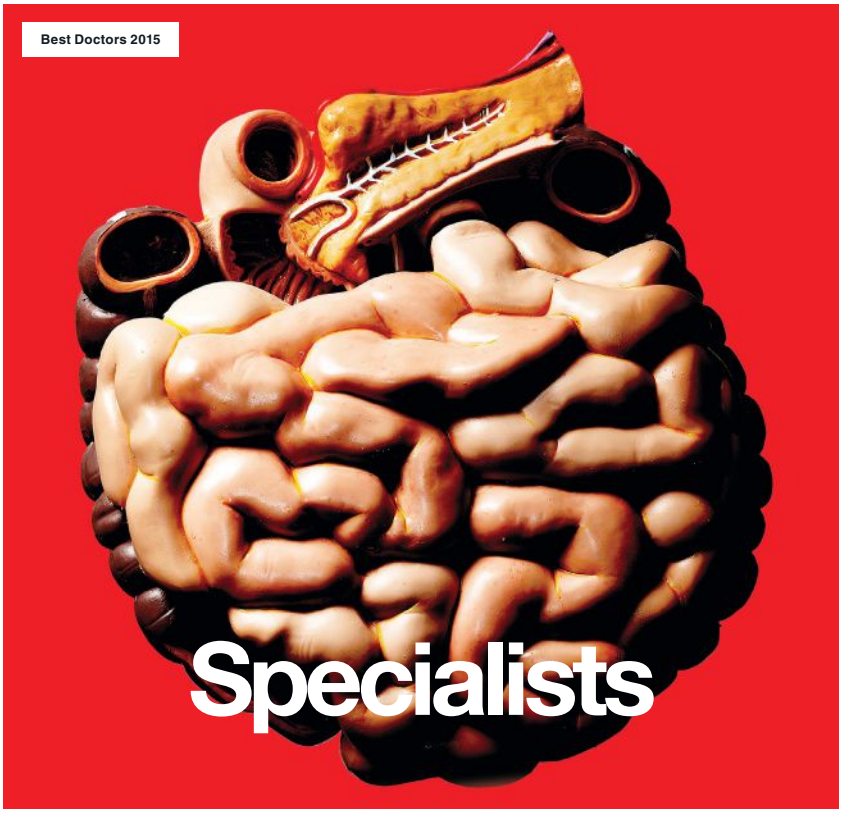

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JOHN PAPPAS
Genetic disorders, growth disorders;
New York;
212-598-6205
NYU LANGONE

HELIO PEDRO
Pediatric clinical genetics, chromosome disorders, inherited disorders;
Hackensack;
551-996-5264
HACKENSACK

COLON AND RECTAL SURGERY

TRACEY ARNELL
Laparoscopic surgery, diverticulitis, inflammatory bowel disease, anorectal disorders;
New York;
212-342-1734
NY PRES-COLUMBIA

MITCHELL BERNSTEIN
Colon and rectal cancer and surgery, inflammatory bowel disease, anorectal disorders, hemorrhoids;
New York;
646-501-0584
NYU LANGONE

BERTRAM CHINN
Laparoscopic surgery, colon and rectal cancer, inflammatory bowel disease, diverticulitis;
Summit;
732-494-6640
OVERLOOK

DANIEL FEINGOLD
Colon and rectal cancer, minimally invasive surgery, diverticulitis, colostomy avoidance;
New York;
212-342-1155
NY PRES-COLUMBIA

GREGORY GALLINA
Minimally invasive surgery, incontinence–fecal, colon-cancer screening, robotic surgery;
Maywood;
201-525-1031
HACKENSACK

JULIO GARCIA-AGUILAR
Colon and rectal cancer, minimally invasive surgery, robotic surgery;
New York;
212-639-5117
SLOAN-KETTERING

MARK GILDER
Laparoscopic surgery, inflammatory bowel disease;
Livingston;
973-322-0250
ST BARNABAS

STEPHEN GORFINE
Anal disorders and reconstruction, hemorrhoids, rectal cancer, anal cancer;
New York;
212-517-8600
MT SINAI

JOSE GUILLEM
Colon and rectal cancer, rectal cancer/sphincter preservation, colon and rectal cancer–hereditary, peritoneal mucinous carcinomatosis;
New York;
212-639-8278
SLOAN-KETTERING

EVAN KRAKOVITZ
Colon and rectal cancer and surgery, hemorrhoids, laparoscopic surgery, hernia;
White Plains;
914-682-6557
GREENWICH

ALEX KY
Incontinence–fecal, robotic surgery, rectal cancer/sphincter preservation, colostomy avoidance;
New York;
212-241-3547
MT SINAI

CHARLES LITTLEJOHN
Colon and rectal cancer;
Stamford;
203-323-8989
STAMFORD

JOSEPH MARTZ
Laparoscopic surgery, gastrointestinal surgery, colon and rectal cancer, minimally invasive surgery;
New York;
212-420-3960
MT SINAI BETH ISRAEL

JEFFREY MILSOM
Laparoscopic surgery, inflammatory bowel disease/Crohn's, colon and rectal cancer and surgery;
New York;
646-962-2993
NY PRES-WEILL CORNELL

DEAN PAPPAS
Minimally invasive surgery, colon and rectal cancer, colonoscopy, gastrointestinal cancer;
Garden City;
516-248-2422
WINTHROP

JASON PENZER
Hemorrhoids, colon and rectal cancer, diverticulitis, inflammatory bowel disease;
New York;
212-675-2997
LENOX HILL

DAVID RIVADENEIRA
Colon and rectal cancer and surgery, inflammatory bowel disease, gastrointestinal surgery, laparoscopic surgery;
Woodbury;
631-470-1450
HUNTINGTON

TOYOOKI SONODA
Inflammatory bowel disease, laparoscopic surgery, colon and rectal cancer and surgery, Crohn's disease;
New York;
212-746-6030
NY PRES-WEILL CORNELL

RANDOLPH STEINHAGEN
Colon and rectal cancer and surgery, Crohn's disease, diverticulitis, ulcerative colitis;
New York;
212-241-3547
MT SINAI

MARTIN WEISER
Colon and rectal cancer, anal cancer, appendix cancer, robotic surgery;
New York;
212-639-6698
SLOAN-KETTERING

RICHARD WHELAN
Laparoscopic surgery, colon and rectal cancer, diverticulitis;
New York;
212-523-8172
MT SINAI ROOSEVELT

RONALD WHITE
Hemorrhoids, colon and rectal cancer, colonoscopy;
Englewood;
201-567-7615
ENGLEWOOD

JERALD WISHNER
Colon and rectal cancer, laparoscopic surgery;
Mt. Kisco;
914-241-1050
N WESTCHESTER

DERMATOLOGY

ANDREW ALEXIS
Ethnic skin disorders, black/Asian skin care, acne, psoriasis;
New York;
212-523-6003
MT SINAI ROOSEVELT

DAVID BECKER
Mohs surgery, dermatologic surgery, skin cancer;
New York;
212-772-3600
NY PRES-WEILL CORNELL

LEONARD BERNSTEIN
Mohs surgery, laser surgery, skin cancer and moles, melanoma;
New York;
212-686-7306
NY PRES-WEILL CORNELL

ROBERT BERNSTEIN
Hair transplant–robotic surgery, hair restoration/transplant, hair loss, hair loss in women;
New York;
212-826-2400
NY PRES-COLUMBIA

DIANE BERSON
Aging skin, acne, skin cancer;
New York;
212-355-3511
NY PRES-WEILL CORNELL

ANDREW BRONIN
Melanoma, skin cancer, complex diagnosis;
Rye Brook;
914-253-8080
GREENWICH

RHETT DRUGGE
Melanoma, psoriasis, skin cancer, Mohs surgery;
Stamford;
203-324-5719
STAMFORD

MARIA GARZON
Pediatric dermatology, vascular malformations/birthmarks, mycosis fungoides;
New York;
212-305-5293
NY PRES-COLUMBIA

ROY GERONEMUS
Skin cancer, Mohs surgery, cosmetic dermatology, skin laser surgery;
New York;
212-686-7306
NY EYE AND EAR

ROBYN GMYREK
Cosmetic dermatology, photodynamic therapy, skin laser surgery–resurfacing, varicose veins; New York; 212-326-8889
NY PRES-COLUMBIA

MICHELE GREEN
Cosmetic dermatology, skin laser surgery, facial rejuvenation, Botox therapy; New York; 212-535-3088
LENOX HILL

MELANIE GROSSMAN
Skin laser surgery, facial rejuvenation, cosmetic dermatology, Botox therapy; New York; 212-725-8600
NY PRES-COLUMBIA

ELIZABETH HALE
Skin cancer, Mohs surgery, laser surgery, facial rejuvenation; New York; 212-759-4900
NYU LANGONE

ALLAN HALPERN
Skin cancer, melanoma, melanoma early detection/prevention; New York; 646-888-6013
SLOAN-KETTERING

SHERRI KAPLAN
Ardsley; 914-693-7191
ST JOHN'S RIVERSIDE

BRUCE KATZ
Laser surgery, cosmetic surgery, facial rejuvenation, cosmetic dermatology; New York; 212-688-5882
MT SINAI

DAVID KRIEGEL
Mohs surgery, skin cancer; New York; 212-489-6669
MT SINAI

LEONARD KRISTAL
Pediatric dermatology; East Setauket; 631-444-4200
STONY BROOK

MARIO LACOUTURE
Skin problems in cancer therapy, hair problems in cancer therapy, nail problems in cancer therapy; New York; 646-888-6014
SLOAN-KETTERING

MARK LEBWOHL
Skin cancer, psoriasis, eczema; New York; 212-241-9728
MT SINAI

VICKI LEVINE
Skin laser surgery, Mohs surgery, skin cancer and moles, cosmetic dermatology; New York; 212-588-8806
NYU LANGONE

JACOB LEVITT
New York; 212-241-9728
MT SINAI

ROSS LEVY
Skin laser surgery, dermatologic surgery, skin cancer; Mt. Kisco; 914-242-1355
N WESTCHESTER

BRIAN MACHLER
Contact dermatitis, laser surgery, skin cancer; Florham Park; 973-736-9535
ST BARNABAS

ELLEN MARMUR
Cosmetic dermatology, Mohs surgery, laser surgery, skin cancer; New York; 212-996-6900
MT SINAI

KIMBERLY MOREL
Pediatric dermatology, vascular birthmarks, atopic dermatitis, psoriasis; New York; 212-305-5293
NY PRES-COLUMBIA

KISHWER NEHAL
Skin cancer, melanoma, Mohs surgery, dermatologic surgery; New York; 646-888-6019
SLOAN-KETTERING

SETH ORLOW
Pediatric dermatology, birthmarks/hemangiomas, psoriasis/eczema; New York; 212-263-5889
NYU LANGONE

DESIREE RATNER
Mohs surgery, skin cancer; New York; 212-367-0145
MT SINAI BETH ISRAEL

DARRELL RIGEL
Melanoma, skin cancer, cosmetic dermatology; New York; 212-684-5964
NYU LANGONE

JEFFREY SCHACHNE
Skin laser surgery; Jefferson Valley; 914-962-6222
NY PRES-HUDSON

NOAH SCHEINFELD
New York; 212-991-6490
MT SINAI BETH ISRAEL

SHARON SCHERL
Acne, cosmetic dermatology, photodynamic therapy, tattoo removal; Tenafly; 201-568-8400
ENGLEWOOD

RONALD SHELTON
Cosmetic dermatology, Mohs surgery, skin laser surgery, skin cancer; New York; 212-593-1818
MT SINAI

SHERRY SHIEH
Skin cancer, ethnic skin disorders, black/Asian skin care, laser surgery; New York; 212-982-8229
MT SINAI ROOSEVELT

HELEN SHIN
Pediatric dermatology; Hackensack; 551-996-8697
HACKENSACK

HOWARD SOBEL
Cosmetic dermatology, Botox therapy, skin laser surgery, liposuction; New York; 212-288-0060
LENOX HILL

DIAGNOSTIC RADIOLOGY

RONALD ADLER
Musculoskeletal imaging, ultrasound, power Doppler

CONTINUED

Specialists

imaging;
New York;
646-501-7440
NYU LANGONE

OGUZ AKIN
Prostate cancer, kidney cancer, genitourinary cancer, MRI;
New York;
212-639-3458
SLOAN-KETTERING

BURTON COHEN
CT scan, MRI, PET imaging;
New York;
212-535-9770
MT SINAI

MICHELLE GINSBERG
Lung cancer, thoracic radiology, pulmonary embolism, gastrointestinal imaging;
New York;
212-639-7292
SLOAN-KETTERING

ROY HOLLIDAY
Head and neck imaging;
New York;
212-979-4397
NY EYE AND EAR

MICHAEL KING
MRI, ultrasound, thoracic imaging;
Stamford;
203-276-7860
STAMFORD

DIANE LORUSSO
Breast imaging, women's health, ultrasound, mammography–digital;
Rye Brook;
914-253-9200

EDWARD LUBAT
Abdominal imaging, thoracic radiology, musculoskeletal imaging, nuclear medicine;
Waldwick;
201-445-8822
VALLEY

KEVIN MATH
Musculoskeletal imaging, MRI;
New York;
212-410-5100
MT SINAI BETH ISRAEL

ALEC MEGIBOW
Abdominal imaging, gastrointestinal imaging, CT body scan;
New York;
212-263-5222
NYU LANGONE

DOUGLAS MINTZ
Musculoskeletal imaging, bone tumors, trauma radiology;
New York;
212-606-1828
HOSP SPECIAL SURGERY

DAVID PANICEK
Bone cancer, soft-tissue tumors, musculoskeletal tumors; New York;
212-639-5825
SLOAN-KETTERING

GREGORY PEARSON
Thoracic radiology, congenital heart disease–adult and child, cardiac imaging;
New York;
212-305-4492
NY PRES-COLUMBIA

H. CHARLES PFAFF
Musculoskeletal imaging, neuroradiology;
New York;
212-473-5323
MT SINAI BETH ISRAEL

HOLLIS POTTER
Musculoskeletal imaging, cartilage damage, arthroplasty imaging;
New York;
212-606-1023
HOSP SPECIAL SURGERY

MARTIN PRINCE
MRI angiography, abdominal imaging, body imaging, interventional radiology;
New York;
212-746-6000
NY PRES-WEILL CORNELL

CARRIE RUZAL-SHAPIRO
Pediatric radiology;
New York;
212-305-9665
NY PRES-COLUMBIA

LEON RYBAK
Musculoskeletal imaging;
New York;
212-598-6655
HOSP JOINT DISEASES

LAWRENCE SCHWARTZ
New York;
212-305-8994
NY PRES-COLUMBIA

MARK SHAPIRO
Englewood;
201-894-3480
ENGLEWOOD

PATRICK TOTH
Abdominal imaging, thoracic radiology, interventional radiology, nuclear radiology;
Hackensack;
201-488-1188
HACKENSACK

SHARON UNDERBERG-DAVIS
Pediatric radiology;
East Brunswick;
732-390-0040
RWJ

DAVID YANKELEVITZ
Lung cancer, thoracic radiology, interventional radiology;
New York;
212-241-2420
MT SINAI

ENDOCRINOLOGY, DIABETES, AND METABOLISM

MARY ARDEN-CORDONE
Osteoporosis, thyroid disorders;
Stamford;
203-359-2444
STAMFORD

DONALD BERGMAN
Osteoporosis, thyroid disorders, calcium disorders, bone disorders–metabolic;
New York;
212-876-7333
MT SINAI

ELISE BRETT
Diabetes, osteoporosis;
New York;
212-831-2100
MT SINAI

DAVID BRILLON
Diabetes, thyroid disorders, clinical trials;
New York;
212-746-6290
NY PRES-WEILL CORNELL

EDMUND GIEGERICH
Thyroid disorders, diabetes;
Brooklyn;
718-246-8600
NY METHODIST

ROBIN GOLAND
Diabetes;
New York;
212-851-5494
NY PRES-COLUMBIA

JUDITH GOLDBERG-BERMAN
Thyroid disorders, osteoporosis, diabetes;
Greenwich;
203-622-9160
GREENWICH

GILLIAN KATZ
Thyroid disorders, reproductive endocrinology, diabetes, osteoporosis;
New York;
646-421-6062
NYU LANGONE

ANDREW MARTORELLA
Diabetes, thyroid disorders, adrenal disorders, pituitary disorders;
New York;
212-288-2869
NY PRES-WEILL CORNELL

ROBERT MCCONNELL
Thyroid disorders, thyroid ultrasound;
New York;
212-305-5579
NY PRES-COLUMBIA

JEFFREY MECHANICK
Nutrition, thyroid disorders, thyroid cancer, bone disorders–metabolic;
New York;
212-831-2100
MT SINAI

VALERIE PECK
Osteoporosis, thyroid disorders, menopause problems, weight management;
New York;
212-213-3233
NYU LANGONE

JEFFREY POWELL
Mt. Kisco;
914-241-1050
N WESTCHESTER

JOSEPH SCHWARTZ
Englewood;
201-567-8999
HOLY NAME

MARK WIESEN
Diabetes, thyroid disorders, osteoporosis;
Teaneck;
201-836-5655
HACKENSACK

SUSAN ZWEIG
Thyroid disorders, diabetes, polycystic ovarian syndrome, osteoporosis;
New York;
212-725-7841
NYU LANGONE

GASTROENTEROLOGY

TAMIR BEN-MENACHEM
Endoscopy, pancreatic/biliary endoscopy (ERCP), endoscopic ultrasound;
Berkeley Heights;
908-277-8940
OVERLOOK

LAWRENCE BRANDT
Inflammatory bowel disease/Crohn's, clostridium difficile disease;
the Bronx;
866-633-8255
MONTEFIORE

ROBERT BROWN
Hepatitis, liver disease, transplant medicine–liver, autoimmune liver disease;
New York;
212-305-1305
NY PRES-COLUMBIA

PETER CHANG
Endoscopy;
New York;
212-427-9888
MT SINAI

MARVIN CHINITZ
Colonoscopy, inflammatory bowel disease, liver disease, GERD;
Mt. Kisco;
914-241-1050
N WESTCHESTER

ROBERT DETTMER
Endoscopy, colonoscopy/polypectomy;
Stamford;
203-348-5355
STAMFORD

DAVID FEIT
Hepatitis;
Hackensack;
201-488-3003
HACKENSACK

HANS GERDES
Endoscopy, endoscopic ultrasound, Barrett's esophagus, gastrointestinal cancer;
New York;
212-639-7108
SLOAN-KETTERING

PETER GREEN
Celiac disease, endoscopy, colonoscopy, malabsorption syndrome;
New York;
212-305-5590
NY PRES-COLUMBIA

DAVID GREENWALD
Endoscopy, GERD, peptic-ulcer disease;
the Bronx;
718-920-4846
MONTEFIORE

GREGORY HABER
Endoscopy, pancreatic/biliary endoscopy (ERCP), endoscopic ultrasound, Barrett's esophagus;
New York;
212-434-6279
LENOX HILL

STEVEN ITZKOWITZ
Colon and rectal cancer, colon and rectal cancer detection, inflammatory bowel disease, hereditary cancer;
New York;
212-241-4299
MT SINAI

IRA JACOBSON
ERCP, hepatitis C, inflammatory bowel disease, liver disease;
New York;
212-844-1445
MT SINAI BETH ISRAEL

NEDA KHAGHAN
Biliary disease, capsule endoscopy, pancreatic cancer;
Greenwich;
203-863-2900
GREENWICH

ALBERT KNAPP
Colonoscopy/polypectomy, endoscopy, liver disease, transplant medicine–liver;
New York;
212-737-3446
NYU LANGONE

ROBERT KURTZ
Pancreatic cancer (familial), gastrointestinal cancer, endoscopy, biliary disease;
New York;
212-639-7620
SLOAN-KETTERING

EDWARD LEBOVICS
Hepatitis B and C, ERCP, Crohn's disease, liver disease; Hawthorne;
914-493-7337
WESTCHESTER

BLAIR LEWIS
Endoscopy, capsule endoscopy;
New York;
212-369-6600
MT SINAI

ARTHUR MAGUN
Hepatitis, ulcerative colitis, endoscopy, Crohn's disease;
New York;
212-305-5287
NY PRES-COLUMBIA

ARNOLD MARKOWITZ
Hereditary cancer, colon-cancer screening, gastrointestinal cancer;
New York;
212-639-2901
SLOAN-KETTERING

ROBERT PITTMAN
Capsule endoscopy, endoscopic therapies;
Emerson;
201-967-8221
VALLEY

MARK POCHAPIN
Pancreatic cancer, endoscopic ultrasound, colon and rectal cancer detection;
New York;
212-263-3095
NYU LANGONE

DAVID ROBBINS
Endoscopy, gastrointestinal cancer, colon-cancer screening, therapeutic endoscopy; New York;
212-434-3427
LENOX HILL

JAMES SALIK
Colonoscopy, liver disease, inflammatory bowel disease;
New York;
212-889-5544
NYU LANGONE

ELLEN SCHERL
Inflammatory bowel disease, Crohn's disease, ulcerative colitis; New York;
212-746-5077
NY PRES-WEILL CORNELL

LEWIS SCHNEIDER
Colon cancer, GERD, rectal cancer, capsule endoscopy;
New York;
212-326-8426
NY PRES-COLUMBIA

ALEX SHERMAN
Liver disease, hepatitis, endoscopy, ERCP;
New York;
212-889-5544
NYU LANGONE

GARY WEISSMAN
Gastrointestinal cancer, inflammatory bowel disease, esophageal disorders, irritable-bowel syndrome;
Lake Success;
516-622-6076
N SHORE

BARRY ZINGLER
Colon cancer, hepatitis, GERD;
Englewood Cliffs;
201-945-6564
ENGLEWOOD

GERIATRIC MEDICINE

EILEEN CALLAHAN
Frail elderly, preventive medicine, dementia, Alzheimer's disease;
New York;
212-659-8552
MT SINAI

TERRI KATZ
Frail elderly, dementia, Alzheimer's disease;
Fort Lee;
201-363-8871
ENGLEWOOD

GERIATRIC PSYCHIATRY

CARL COHEN
Alzheimer's disease, schizophrenia, depression in the elderly;
Brooklyn;
718-287-4806
SUNY DOWNSTATE

DAVANGERE DEVANAND
Memory disorders, Alzheimer's disease, depression, cognitive loss in aging;
New York;
646-774-8658
NY PSYCHIATRIC

BLAINE GREENWALD
Depression, dementia;
Glen Oaks;
718-470-8159
ZUCKER HILLSIDE

GARY KENNEDY
Alzheimer's disease, dementia, depression;
the Bronx;
718-920-6270
MONTEFIORE

MELINDA LANTZ
Dementia, anxiety and depression, complementary medicine, palliative care; New York;
212-420-2457
MT SINAI BETH ISRAEL

DAVID ROANE
New York;
212-420-3480
MT SINAI BETH ISRAEL

MICHAEL SERBY
Alzheimer's disease, depression, Parkinson's disease;
New York;
212-420-2421
MT SINAI BETH ISRAEL

GYNECOLOGIC ONCOLOGY

NADEEM ABU-RUSTUM
Ovarian cancer, uterine cancer, cervical cancer, vulvar disease/cancer;
New York;
646-497-9055
SLOAN-KETTERING

RICHARD BARAKAT
Robotic surgery, ovarian cancer, uterine cancer, cervical cancer;
New York;
212-639-2453
SLOAN-KETTERING

STEPHANIE BLANK
Gynecologic cancers; New York; 212-731-5705
NYU LANGONE

DENNIS CHI
Ovarian cancer, uterine cancer, cervical cancer, gynecologic surgery–complex; New York; 212-639-5016
SLOAN-KETTERING

JOHN CURTIN
Uterine/ovarian cancer, laparoscopic surgery, gestational trophoblastic disease; New York; 212-731-5710
NYU LANGONE

THAD DENEHY
Ovarian cancer, gynecologic surgery–complex, pelvic-organ-prolapse repair, robotic surgery; West Orange; 973-243-9300
ST BARNABAS

PETER DOTTINO
Laparoscopic surgery, gynecologic cancers, uterine cancer, ovarian cancer; New York; 212-888-8439
MT SINAI

HERBERT GRETZ
Gynecologic cancers, minimally invasive surgery, robotic surgery; White Plains; 914-305-2730
WHITE PLAINS

KEVIN HOLCOMB
Robotic surgery, laparoscopic surgery, ovarian cancer; New York; 212-746-7553
NY PRES–WEILL CORNELL

THOMAS LALLAS
Gynecologic cancers; New York; 212-838-0886
LENOX HILL

NIMESH NAGARSHETH
Cervical cancer, ovarian cancer, uterine cancer, vaginal cancer; New York; 212-241-1111
MT SINAI

ELIZABETH POYNOR
Gynecologic cancers, gynecologic surgery–complex, laparoscopic surgery, breast cancer; New York; 212-426-2700
LENOX HILL

JAMAL RAHAMAN
Robotic surgery, minimally invasive gynecologic surgery, gynecologic cancer–rare, gynecologic surgery–complex; New York; 212-427-1415
MT SINAI

YUKIO SONODA
Laparoscopic surgery, fertility preservation in cancer, uterine cancer; New York; 212-639-6450
SLOAN-KETTERING

AMI VAIDYA
Minimally invasive gynecologic surgery, robotic surgery, gynecologic cancers; Hackensack; 551-996-5811
HACKENSACK

JASON WRIGHT
Gynecologic cancers, ovarian cancer, uterine cancer; New York; 212-305-3410
NY PRES–COLUMBIA

HAND SURGERY

EDWARD ATHANASIAN
Bone and soft-tissue tumors, hand and upper-extremity tumors, limb surgery/reconstruction; New York; 212-606-1962
HOSP SPECIAL SURGERY

OTIS BARRON
Carpal-tunnel syndrome, elbow surgery, nerve and tendon reconstruction; New York; 212-523-7590
MT SINAI ROOSEVELT

STEVEN BELDNER
Elbow surgery, hand and wrist surgery; New York; 212-434-4263
LENOX HILL

MICHELLE CARLSON
Sports injuries, hand and upper-extremity surgery, arthritis, pediatric hand surgery; New York; 212-606-1546
HOSP SPECIAL SURGERY

LOUIS CATALANO
Hand and upper-extremity surgery, wrist surgery, rotator-cuff surgery, shoulder surgery; New York; 212-523-7590
MT SINAI ROOSEVELT

JACK CHOUEKA
Hand and upper-extremity surgery, rotator-cuff surgery, wrist surgery, shoulder surgery; Brooklyn; 718-283-7400
MAIMONIDES

JOHN CROWE
Arthritis, carpal-tunnel syndrome, wrist surgery; Greenwich; 203-869-1147
GREENWICH

AARON DALUISKI
Pediatric hand surgery, elbow surgery, fractures; New York; 212-606-1284
HOSP SPECIAL SURGERY

FREDERICK FAKHARZADEH
Hand and elbow surgery; Paramus; 201-587-7767
HACKENSACK

RICHARD GILBERT
Hand and wrist surgery, elbow surgery, arthroscopic surgery; New York; 212-289-0700
MT SINAI

STEVEN GLICKEL
Hand and wrist surgery, elbow surgery, peripheral-nerve surgery; New York; 212-523-7590
MT SINAI ROOSEVELT

ROBERT HOTCHKISS
Wrist surgery, elbow reconstruction, Dupuytren's

CONTINUED

Specialists

contracture, hand and upper-extremity surgery;
New York;
212-606-1964
HOSP SPECIAL SURGERY

DORON ILAN
Hand and upper-extremity surgery, shoulder surgery, arthroscopic surgery, rotator-cuff surgery;
Dobbs Ferry;
914-693-2057
ST JOHN'S RIVERSIDE

ROY KULICK
Carpal-tunnel syndrome, arthritis, tendon surgery, hand and upper-extremity surgery;
the Bronx;
718-920-2060
MONTEFIORE–EINSTEIN

STEVE LEE
Peripheral-nerve surgery, tendon surgery, wrist/hand injuries, ligament reconstruction;
New York;
212-606-1730
HOSP SPECIAL SURGERY

CHARLES MELONE
Wrist surgery, fractures, sports injuries;
New York;
212-340-0000
MT SINAI BETH ISRAEL

ANNE MILLER-BRESLOW
Rheumatoid arthritis, wrist/hand injuries, arthroscopic surgery, carpal-tunnel syndrome;
Englewood;
201-569-2770
ENGLEWOOD

DANIEL POLATSCH
Wrist surgery, carpal-tunnel syndrome, wrist/hand injuries, fractures;
New York;
212-434-4263
LENOX HILL

KEITH RASKIN
Wrist/hand injuries, arthritis, carpal-tunnel syndrome, elbow surgery;
New York;
212-889-8600
NYU LANGONE

MICHAEL RETTIG
Fractures, arthritis, nerve disorders/surgery;
New York;
212-889-8600
NYU LANGONE

ROGER ROSENSTEIN
Hand and elbow surgery;
Paramus;
201-587-7767
VALLEY

MELVIN ROSENWASSER
Carpal-tunnel syndrome, sports injuries, elbow surgery, trauma;
New York;
212-305-8036
NY PRES–COLUMBIA

ALAN SCHEFER
Hand and upper-extremity surgery;
Mt. Kisco;
914-241-1050
N WESTCHESTER

PETER STEIN
Hand and wrist surgery, carpal-tunnel syndrome, fractures–complex, Dupuytren's contracture;
Great Neck;
516-627-8717
N SHORE

ROBERT STRAUCH
Hand and upper-extremity surgery, carpal-tunnel syndrome, pediatric hand surgery, congenital hand deformities;
New York;
212-305-4272
NY PRES–COLUMBIA

SCOTT WOLFE
Wrist surgery, nerve disorders/surgery, fractures, hand and upper-extremity surgery;
New York;
212-606-1529
HOSP SPECIAL SURGERY

S. STEVEN YANG
Congenital hand deformities, Dupuytren's contracture, reconstructive surgery, microvascular surgery;
New York;
646-501-0740
NYU LANGONE

ROBERT ZIETS
Hand and wrist surgery, shoulder surgery, sports medicine, arthroscopic surgery;
New York;
212-717-1285
MT SINAI BETH ISRAEL

HEMATOLOGY

STEVEN ALLEN
Bleeding/coagulation disorders, leukemia and lymphoma, multiple myeloma, Gaucher disease;
Lake Success;
516-734-8970
N SHORE

MICHAEL BAR
Multiple myeloma, leukemia and lymphoma, bleeding/coagulation disorders, Gaucher disease;
Stamford;
203-325-2695
STAMFORD

ALICE COHEN
Bleeding/coagulation disorders;
Newark;
973-926-7230
NEWARK BETH ISRAEL

DAVID DIUGUID
Bleeding/coagulation disorders, leukemia and lymphoma;
New York;
212-305-5098
NY PRES–COLUMBIA

ALEC GOLDENBERG
Breast cancer, lymphoma, bleeding/coagulation disorders;
New York;
212-689-6791
NYU LANGONE

STEVEN GRUENSTEIN
Hematologic malignancies, gastrointestinal cancer, lung cancer;
New York;
212-861-6660
MT SINAI

KENNETH HYMES
Bleeding/coagulation disorders, leukemia and lymphoma, cutaneous T-cell lymphoma, mycosis fungoides;
New York;
212-731-5189
NYU LANGONE

LUIS ISOLA
Anemia–aplastic, Hodgkin's lymphoma, multiple myeloma;
New York;
212-241-6021
MT SINAI

ANN JAKUBOWSKI
Leukemia, bone-marrow transplant, stem-cell transplant;
New York;
212-639-5013
SLOAN-KETTERING

JOSEPH JURCIC
Leukemia, myelodysplastic syndromes, clinical trials; New York;
646-317-5077
NY PRES–COLUMBIA

NICOLE LAMANNA
Leukemia–chronic lymphocytic, leukemia–acute lymphoblastic, leukemia–myeloid, hematologic malignancies;
New York;
646-317-5077
NY PRES–COLUMBIA

JOHN LEONARD
Lymphoma, hematologic malignancies;
New York;
646-962-2068
NY PRES–WEILL CORNELL

RANDY LEVINE
Hematologic malignancies, bleeding/coagulation disorders;
New York;
212-717-1020
LENOX HILL

BRUCE RAPHAEL
Leukemia and lymphoma, multiple myeloma, anemia;
New York;
212-731-5185
NYU LANGONE

MICHAEL SCHUSTER
Bone-marrow transplant, hematologic malignancies, myelodysplastic syndromes, anemia–aplastic;
Stony Brook;
631-444-3577
STONY BROOK

GERALD SOFF
Bleeding/coagulation disorders, thrombotic disorders, hematologic disorders in cancer patients, anemia;
New York;
212-639-2335
SLOAN-KETTERING

HARRY STASZEWSKI
Hematologic malignancies, clinical trials;
Mineola;
516-663-9500
WINTHROP

MARTIN TALLMAN
Leukemia;
New York;
212-639-3842
SLOAN-KETTERING

HOSPICE AND PALLIATIVE MEDICINE

EMILY CHAI
Palliative care, geriatric care;
New York;
212-659-8552
MT SINAI

JOSE CONTRERAS
Palliative care, pain management;
Hackensack;
551-996-2442
HACKENSACK

WENDY EDWARDS
Palliative care, pain management;
New York;
212-434-2140
LENOX HILL

PAUL GLARE
Palliative care, pain–cancer;
New York;
646-888-3065
SLOAN-KETTERING

LYNN HALLARMAN
Palliative care, pain–cancer, ethics;
Stony Brook;
631-638-2801
STONY BROOK

CYNTHIA PAN
Palliative care, pain management, geriatric care;
Flushing;
718-670-2413
NY HOSP QUEENS

BETH POPP
Palliative care, pain–cancer, pain–chronic, pain management;
Brooklyn;
718-765-2600
MAIMONIDES

INFECTIOUS DISEASE

DANIEL CAPLIVSKI
Travel medicine, tropical diseases, malaria, AIDS/HIV;
New York;
212-241-7468
MT SINAI

RALPH CIPRIANI
Lyme disease, fevers of unknown origin;
Stamford;
203-327-1187
STAMFORD

MARCIA EPSTEIN
Infections in immunocompromised patients, antibiotic resistance;
Manhasset;
516-562-4280
N SHORE

JEFFREY GUMPRECHT
AIDS/HIV, travel medicine, infections–surgical;
New York;
212-427-9550
MT SINAI

BARRY HARTMAN
Endocarditis, infections–surgical, parasitic infections, Lyme disease;
New York;
212-744-4882
NY PRES–WEILL CORNELL

SANDRA KESH
Hospital-acquired infections, antibiotic resistance, staphylococcal infections;
White Plains;
914-682-6532
WHITE PLAINS

JEFFREY KOCHER
Hepatitis B and C, AIDS/HIV, fungal infections, Lyme disease; Englewood;
201-568-3335
ENGLEWOOD

EDDIE LOUIE
Lyme disease, AIDS/HIV, hospital-acquired infections, travel medicine;
New York;
212-682-9202
NYU LANGONE

GAVIN MCLEOD
AIDS/HIV, travel medicine, hospital-acquired infections, pneumonia;
Greenwich;
203-869-8838
GREENWICH

ALEXANDER MCMEEKING
AIDS/HIV, hepatitis, Lyme disease, travel medicine;
New York;
212-929-2629
NYU LANGONE

ERIC NEIBART
Travel medicine, AIDS/HIV, fungal infections;
New York;
212-427-9550
MT SINAI

CAROL O'HAGAN SOTSKY
Ridgewood;
201-447-6468
VALLEY

DAVID PERLMAN
AIDS/HIV, Lyme disease, travel medicine, tuberculosis;
New York;
212-844-8549
MT SINAI BETH ISRAEL

JOHN RAFFALLI
Lyme disease, tick-borne diseases;
Mt. Kisco;
914-241-1050
N WESTCHESTER

HOWARD ROSENBERG
New York;
212-744-1170
NY PRES–WEILL CORNELL

BRIAN SCULLY
Lyme disease, infections in transplant patients, hospital-acquired infections, infections in immunocompromised patients;
New York;
212-305-8039
NY PRES–COLUMBIA

STEVEN SPERBER
Hackensack;
201-487-4088
HACKENSACK

GARY WORMSER
Lyme disease, AIDS/HIV, diagnostic problems;
Hawthorne;
914-493-8865
WESTCHESTER

MANAL YOUSSEF-BESSLER
AIDS/HIV, fevers of unknown origin, staphylococcal infections;
Livingston;
973-535-8355
MORRISTOWN

INTERVENTIONAL CARDIOLOGY

STEPHEN ANGELI
Angioplasty and stent placement, cardiac catheterization, coronary-artery disease;
Teaneck;
201-833-2300
HOLY NAME

MICHAEL ATTUBATO
Coronary angioplasty/stents, peripheral vascular disease, heart-valve disease;
New York;
212-263-5656
NYU LANGONE

ROBERT FISHMAN
Carotid-artery stent placement, peripheral vascular disease;
Fairfield;
203-292-2000
BRIDGEPORT

CHRISTOPHER HOWES
Angiography and stent placement, echocardiography, cardiac catheterization;
Greenwich;
203-863-4210
GREENWICH

BARRY KAPLAN
Angioplasty and stent placement;
Manhasset;
516-562-4100
N SHORE

SUSHEEL KODALI
Cardiac catheterization, angioplasty and stent placement, heart-valve disease;
New York;
212-342-0444
NY PRES–COLUMBIA

WILLIAM LAWSON
Angioplasty and stent placement, preventive cardiology, non-invasive cardiology, heart failure;
Stony Brook;
631-444-1066
STONY BROOK

JONATHAN MARMUR
Coronary-artery disease, cardiac catheterization;
Brooklyn;
718-270-3273
SUNY DOWNSTATE

ROXANA MEHRAN
Cardiac catheterization, acute coronary syndromes, arrhythmias;
New York;
212-659-9691
MT SINAI

JEFFREY MOSES
Angiography–coronary, angioplasty and stent placement, heart-valve disease;
New York;
212-305-7060
NY PRES–COLUMBIA

CARL REIMERS
Angiography and stent placement;
New York;
212-434-6260
LENOX HILL

JACOB SHANI
Cardiac catheterization, angioplasty and stent placement, percutaneous-valve repair, aortic-valve replacement;
Brooklyn;
718-283-7480
MAIMONIDES

SAMIN SHARMA
Angioplasty and stent placement, heart-valve disease;
New York;
212-427-1540
MT SINAI

TARIQSHAH SYED
Cardiac catheterization, angiography–coronary, angioplasty and stent placement,

coronary-artery disease; Teaneck; 201-833-2300
HOLY NAME

JAMES WILENTZ
Angiography and stent placement, carotid-artery disease, peripheral vascular disease, coronary-artery disease–complex; New York; 646-962-4448
NY PRES–WEILL CORNELL

MATERNAL AND FETAL MEDICINE

ABDULLA AL-KHAN
Pregnancy–high risk, fetal surgery, critical care, fetal ultrasound/obstetrical imaging; Hackensack; 551-996-2453
HACKENSACK

DAVID BERCK
Ultrasound, pregnancy–high risk; Mt. Kisco; 914-241-1050
N WESTCHESTER

PETER BERNSTEIN
Pregnancy–high risk; the Bronx; 718-405-8040
MONTEFIORE

ANNETTE BOND
Pregnancy–high risk, multiple gestation, prenatal diagnosis, hypertension in pregnancy; Greenwich; 203-863-3674
GREENWICH

CYNTHIA CHAZOTTE
Pregnancy–high risk, asthma in pregnancy; the Bronx; 718-405-8200
MONTEFIORE–EINSTEIN

MARY D'ALTON
Pregnancy–high risk, multiple gestation, prenatal diagnosis; New York; 212-326-8951
NY PRES–COLUMBIA

KEITH EDDLEMAN
Obstetric ultrasound, pregnancy–high risk, fetal therapy, reproductive genetics; New York; 212-241-5681
MT SINAI

FAITH FRIEDEN
Prenatal ultrasound, prenatal diagnosis, pregnancy–high risk; Englewood; 201-894-3669
ENGLEWOOD

ANDREI REBARBER
Multiple gestation, obstetric ultrasound, amniocentesis, fetal therapy; New York; 212-722-7409
MT SINAI

ASHLEY ROMAN
Pregnancy–high risk, fetal diagnosis and therapy, obstetric ultrasound, prenatal diagnosis; New York; 212-263-7021
NYU LANGONE

BARAK ROSENN
Diabetes in pregnancy, obstetric ultrasound; New York; 212-523-7579
MT SINAI ROOSEVELT

LYNN SIMPSON
Pregnancy–high risk, prenatal diagnosis, fetal echocardiography, multiple gestation; New York; 212-305-3151
NY PRES–MORGAN STANLEY

LEON SMITH
Ultrasound, prenatal diagnosis, perinatal infections, amniocentesis; Livingston; 973-322-5287
ST BARNABAS

JOANNE STONE
Prenatal ultrasound, twin-to-twin-transfusion syndrome, diabetes in pregnancy, genetic disorders; New York; 212-241-5681
MT SINAI

ANTHONY VINTZILEOS
Fetal therapy; Mineola; 516-663-3010
WINTHROP

MEDICAL ONCOLOGY

CAROL AGHAJANIAN
Ovarian cancer, gynecologic cancers, trophoblastic tumors; New York; 646-888-4217
SLOAN-KETTERING

ANNE ANGEVINE
Leukemia, lymphoma; Stamford; 203-325-2695
STAMFORD

DEAN BAJORIN
Bladder cancer, testicular cancer, genitourinary cancer, clinical trials; New York; 646-422-4333
SLOAN-KETTERING

ELLIOT BELENKOV
Solid tumors; New York; 212-472-5500
MT SINAI

ABRAHAM CHACHOUA
Lung cancer, thoracic cancers, bladder cancer, kidney cancer; New York; 212-731-5388
NYU LANGONE

PAUL CHAPMAN
Melanoma, immunotherapy, clinical trials, vaccine therapy; New York; 646-888-4162
SLOAN-KETTERING

MAURA DICKLER
Breast cancer, clinical trials; New York; 646-888-5456
SLOAN-KETTERING

JANICE GABRILOVE
Myelodysplastic syndromes, leukemia, hematologic malignancies, myeloproliferative disorders; New York; 212-241-9650
MT SINAI

JONATHAN GOLDBERG
Breast cancer, lymphoma, gastrointestinal cancer, lung cancer; Mt. Kisco; 914-241-1050
N WESTCHESTER

ANDRE GOY
Lymphoma, Hodgkin's

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Hackensack;
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HACKENSACK

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Leukemia and lymphoma, gastrointestinal cancer, colon and rectal cancer, multiple myeloma;
New York;
646-501-9305
NYU LANGONE

DAWN HERSHMAN
Breast cancer, cancer survivors–late effects of therapy, clinical trials;
New York;
212-305-5098
NY PRES–COLUMBIA

RANDALL HOLCOMBE
Gastrointestinal cancer, liver cancer, clinical trials, pancreatic cancer;
New York;
212-659-5420
MT SINAI

CLIFFORD HUDIS
Breast cancer;
New York;
646-888-5449
SLOAN-KETTERING

NANCY KEMENY
Colon cancer, rectal cancer, liver cancer;
New York;
646-888-4180
SLOAN-KETTERING

ROBERT KLAFTER
Breast cancer, prostate cancer, lymphoma;
New York;
212-861-6660
MT SINAI

PAULA KLEIN
Breast cancer;
New York;
212-604-6021
MT SINAI BETH ISRAEL

MARK KRIS
Lung cancer, mediastinal tumors, thymoma and thymic cancer, thoracic cancers;
New York;
646-888-4197
SLOAN-KETTERING

LEE KRUG
Small-cell lung cancer, mesothelioma, clinical trials;
New York;
646-888-4201
SLOAN-KETTERING

ROBERT MAKI
Sarcoma–soft tissue, gastrointestinal stromal tumors, desmoid tumors, bone tumors;
New York;
212-659-6815
MT SINAI

BHOOMI MEHROTRA
Lung cancer, head and neck cancer, gastrointestinal cancer;
Roslyn;
516-325-7500
ST FRANCIS

ANNE MOORE
Breast cancer;
New York;
212-821-0550
NY PRES–WEILL CORNELL

MICHAEL MORRIS
Prostate cancer, genitourinary cancer;
New York;
646-422-4469
SLOAN-KETTERING

CRAIG MOSKOWITZ
Hodgkin's lymphoma, lymphoma, non-Hodgkin's;
New York;
212-639-2696
SLOAN-KETTERING

MICHAEL NISSENBLATT
Breast cancer, colon cancer, lung cancer, hereditary cancer;
East Brunswick;
732-390-7750
RWJ

LARRY NORTON
Breast cancer;
New York;
646-888-5438
SLOAN-KETTERING

OWEN O'CONNOR
Hodgkin's lymphoma, lymphoma, non-Hodgkin's, drug development, clinical trials;
New York;
212-326-5720
NY PRES–COLUMBIA

EILEEN O'REILLY
Pancreatic cancer, colon and rectal cancer, liver cancer;
New York;
646-888-4182
SLOAN-KETTERING

KENNETH OFFIT
Cancer genetics, breast cancer, lymphoma, Hodgkin's-disease consultation;
New York;
646-888-4050
SLOAN-KETTERING

WILLIAM OH
Genitourinary cancer, prostate cancer, testicular cancer, adrenal cancer;
New York;
212-659-5429
MT SINAI

RUTH ORATZ
Breast cancer, cancer prevention, women's health;
New York;
212-731-5760
NYU LANGONE

BRENDA PANZERA
Breast cancer, colon cancer, lung cancer, unknown primary cancer;
New York;
212-860-3292
MT SINAI

ANNA PAVLICK
Melanoma, skin cancer, sarcoma;
New York;
212-731-5431
NYU LANGONE

DAVID PFISTER
Head and neck cancer, laryngeal cancer, thyroid cancer, immunotherapy;
New York;
646-888-4232
SLOAN-KETTERING

GEORGE RAPTIS
Breast cancer;
Lake Success;
516-734-8900
N SHORE

LEONARD SALTZ
Colon and rectal cancer, gastrointestinal cancer and rare tumors, neuroendocrine tumors, unknown primary cancer;
New York;
646-888-4181
SLOAN-KETTERING

HOWARD SCHER
Prostate cancer, bladder cancer, immunotherapy, clinical trials;
New York;
646-497-9068
SLOAN-KETTERING

ABBY SIEGEL
Liver cancer, biliary cancer, colon cancer, gastrointestinal cancer;
New York;
212-305-9781
NY PRES–COLUMBIA

MARK STOOPLER
Lung cancer, esophageal cancer, gastrointestinal cancer, thoracic cancers;
New York;
212-305-8230
NY PRES–COLUMBIA

WILLIAM TAP
Sarcoma, sarcoma–soft tissue, Ewing's sarcoma, bone tumors;
New York;
646-888-4163
SLOAN-KETTERING

MICHAEL WAX
Breast cancer, hematologic malignancies;
Berkeley Heights;
908-277-8890
OVERLOOK

JEDD WOLCHOK
Melanoma, immunotherapy, clinical trials, vaccine therapy;
New York;
646-497-9067
SLOAN-KETTERING

ANDREW ZELENETZ
Lymphoma, lymphoma, non-Hodgkin's;
New York;
212-639-2656
SLOAN-KETTERING

NEONATAL-PERINATAL MEDICINE

DEBORAH CAMPBELL
Prematurity/low-birth-weight infants, neurodevelopmental disabilities, neonatal nutrition, ethics;
the Bronx;
718-904-4105
MONTEFIORE–EINSTEIN

MARTHA CAPRIO
Prematurity/low-birth-weight infants;
New York;
212-263-7950
NYU LANGONE

MARTY ELLINGTON
Prematurity/low-birth-weight infants, lung disease in newborns, respiratory-distress syndrome (RDS);
New York;
212-434-2135
LENOX HILL

ROBERT GREEN
Prematurity/low-birth-weight infants, pulmonary hypertension of newborn, RDS, neonatal infections;
New York;
212-241-6186
MT SINAI

IAN HOLZMAN
Neonatal nutrition, necrotizing enterocolitis, prematurity/low-birth-weight infants, ethics;
New York;
212-241-5446
MT SINAI

JESUS JAILE-MARTI
Lung disease in newborns, neonatal nutrition;
White Plains;
914-681-1253
WHITE PLAINS

JORDAN KASE
Neonatal critical care;
Hawthorne;
914-493-8431
WESTCHESTER

FRANK MANGINELLO
Prematurity/low-birth-weight infants, lung disease in newborns, developmental disorders;
Ridgewood;
201-447-8388
VALLEY

JEFFREY PERLMAN
Neonatal critical care, prematurity/low-birth-weight infants, neonatal neurology, lung disease in newborns;
New York;
212-746-3530
NY PRES–WEILL CORNELL

RICHARD POLIN
Neonatal critical care, neonatal care, jaundice and bilirubin metabolism, lung disease in newborns;
New York;
212-305-5827
NY PRES–MORGAN STANLEY

PHILIP ROTH
Neonatal care, neonatal infections/immunity;
Staten Island;
718-226-9796
SI–NORTH

NEPHROLOGY

GERALD APPEL
Glomerulonephritis, lupus nephritis, nephrotic syndrome;
New York;
212-305-0320
NY PRES–COLUMBIA

PHYLLIS AUGUST
Hypertension, hypertension in pregnancy, kidney disease;
New York;
646-962-2605
NY PRES–WEILL CORNELL

ERIC BROWN
Kidney disease, hypertension, glomerulonephritis;
Stamford;
203-324-7666
STAMFORD

MARIA DEVITA
Glomerulonephritis, dialysis care, hypertension, kidney disease–chronic;
New York;
212-439-9251
LENOX HILL

DEBORAH FEIN
Hypertension, kidney disease, transplant medicine–kidney, lupus nephritis;
Englewood;
201-567-0446
ENGLEWOOD

NAVEED MASANI
Dialysis care;
Mineola;
516-663-2169
WINTHROP

MARIANNE MONAHAN
Purchase;
914-831-4100
GREENWICH

JAI RADHAKRISHNAN
Kidney disease–chronic, glomerulonephritis, lupus nephritis;
New York;
212-305-5020
NY PRES–COLUMBIA

THOMAS SALAZER
Kidney failure, kidney disease;
Teaneck;
201-836-0897
HACKENSACK

MARTIN SALTZMAN
Kidney disease, hypertension, dialysis care;
Mt. Kisco;
914-241-1050
N WESTCHESTER

JOSEPH WEISSTUCH
Diabetic kidney disease, electrolyte disorders, hypertension;
New York;
212-263-0705
NYU LANGONE

JONATHAN WINSTON
Kidney disease–chronic, kidney failure, HIV-related kidney disease, glomerulonephritis;
New York;
212-241-4060
MT SINAI

NEUROLOGICAL SURGERY

RICHARD ANDERSON
Spinal surgery–pediatric, brain and spinal tumors–pediatric, craniofacial surgery, pediatric neurosurgery;
New York;
212-305-0219
NY PRES–MORGAN STANLEY

JOSHUA BEDERSON
Brain and spinal-cord tumors, aneurysm–cerebral, meningioma, cerebrovascular surgery;
New York;
212-241-2377
MT SINAI

DEBORAH BENZIL
Brain tumors, peripheral-nerve surgery;
Mt. Kisco;
914-241-1050
PUTNAM HOSPITAL CENTER

MARK BILSKY
Brain and spinal-cord tumors, skull-base tumors, spinal-cord tumors, spinal surgery;
New York;
212-639-8526
SLOAN-KETTERING

JONATHAN BRISMAN
Aneurysm–cerebral, arteriovenous malformations, carotid stenosis, endovascular neurosurgery;
Lake Success;
516-442-2250
WINTHROP

JEFFREY BRUCE
Brain tumors–complex, pituitary tumors, skull-base surgery, meningioma;
New York;
212-305-7346
NY PRES–COLUMBIA

TANVIR CHOUDHRI
Spinal surgery, minimally invasive surgery, spinal tumors, spinal disorders–degenerative;
New York;
212-241-8560
MT SINAI

RAPHAEL DAVIS
Acoustic neuroma, skull-base surgery, spinal-disc replacement, brain and spinal surgery;
East Setauket;
631-444-1213
STONY BROOK

ERIC ELOWITZ
Spinal surgery, minimally invasive spinal surgery, spinal disorders–degenerative, spinal-disc replacement;
New York;
212-746-2870
NY PRES–WEILL CORNELL

NEIL FELDSTEIN
Pediatric neurosurgery, brain and spinal tumors–pediatric, Chiari's deformity, hydrocephalus;
New York;
212-305-1396
NY PRES–MORGAN STANLEY

AMORY FIORE
Minimally invasive spinal surgery, scoliosis, spinal-disc replacement, lumbar spinal fusion;
Greenwich;
203-869-1145
GREENWICH

ANTHONY FREMPONG-BOADU
Minimally invasive spinal surgery, spinal-cord tumors, spinal reconstructive surgery;
New York;
212-263-6514
NYU LANGONE

JOHN GOLFINOS
Brain tumors, gliomas, skull-base tumors;
New York;
212-263-2950
NYU LANGONE

PHILIP GUTIN
Brain tumors, meningioma, acoustic neuroma, stereotactic radiosurgery;
New York;
212-639-8556
SLOAN-KETTERING

ROGER HARTL
Spinal surgery–complex, minimally invasive spinal surgery, spinal-disc replacement, spinal trauma;
New York;
212-746-2152
NY PRES–WEILL CORNELL

ROBERT HEARY
Spinal surgery, spinal-cord injury, spinal deformity;
Montclair;
973-259-3548
U NEWARK

ARTHUR JENKINS
Spinal surgery, minimally invasive spinal surgery, metastatic cancer, spinal tumors;
New York;
212-241-8175
MT SINAI

DAVID LANGER
Neurovascular surgery, arteriovenous malformations,

Specialists

aneurysm–cerebral, carotid-artery surgery; New York; 212-434-3900 LENOX HILL

PAUL MCCORMICK
Spinal surgery, spinal tumors; New York; 212-305-7976 NY PRES-COLUMBIA

GUY MCKHANN
Brain tumors, gliomas, epilepsy; New York; 212-305-0052 NY PRES-COLUMBIA

FRANK MOORE
Aneurysm–cerebral, brain tumors, spinal-cord tumors, spinal surgery; Englewood; 201-569-7737 ENGLEWOOD

HOWARD RIINA
Neurovascular surgery, aneurysm–cerebral, cerebrovascular malformations, stroke; New York; 212-263-5382 NYU LANGONE

PATRICK ROTH
Spinal surgery, brain tumors, pain–back; Oradell; 201-342-2550 HACKENSACK

THEODORE SCHWARTZ
Brain tumors, pituitary tumors, minimally invasive surgery, neuro-endoscopy; New York; 212-746-5620 NY PRES-WEILL CORNELL

CHANDRANATH SEN
Brain tumors, skull-base tumors, meningioma; New York; 212-263-5333 NYU LANGONE

SCOTT SIMON
Spinal surgery, scoliosis, stereotactic radiosurgery, minimally invasive spinal surgery; Greenwich; 203-869-1145 STAMFORD

MICHAEL SISTI
Brain tumors–complex, meningioma, arteriovenous malformations; New York; 212-305-1728 NY PRES-COLUMBIA

ROBERT SOLOMON
Aneurysm–cerebral, arteriovenous malformations, stereotactic radiosurgery, carotid-artery stent placement; New York; 212-305-4118 NY PRES-COLUMBIA

MARK SOUWEIDANE
Pediatric neurosurgery, minimally invasive surgery, endoscopic surgery, brain tumors–pediatric; New York; 212-746-2363 NY PRES-WEILL CORNELL

PHILIP STIEG
Aneurysm–cerebral, stroke, meningioma, arteriovenous malformations; New York; 212-746-4684 NY PRES-WEILL CORNELL

VIVIANE TABAR
Brain tumors, brain tumors–metastatic, brain mapping, skull-base tumors; New York; 212-639-3006 SLOAN-KETTERING

ROY VINGAN
Spinal surgery, minimally invasive spinal surgery; Oradell; 201-342-2550 HACKENSACK

JEFFREY WISOFF
Pediatric neurosurgery, brain tumors–pediatric, arteriovenous malformations; New York; 212-263-6419 NYU LANGONE

HENRY WOO
Brain tumors, aneurysm–cerebral, cerebrovascular surgery, stroke; Stony Brook; 631-444-1213 STONY BROOK

NEUROLOGY

GARY ALWEISS
Electromyography, carpal-tunnel syndrome, headache, nerve injuries; Englewood; 201-894-5805 ENGLEWOOD

CARL BAZIL
Epilepsy; New York; 212-305-1742 NY PRES-COLUMBIA

SUSAN BRESSMAN
Parkinson's disease, movement disorders, dystonia, neurodegenerative disorders; New York; 212-844-8379 MT SINAI BETH ISRAEL

CARY BUCKNER
Neuromuscular disorders, peripheral neuropathy, clinical neurophysiology; Brooklyn; 718-246-8614 NY METHODIST

GREGG CAPORASO
Alzheimer's disease, multiple sclerosis; Mt. Kisco; 914-241-1717 N WESTCHESTER

LISA COOHILL
Headache, migraine, memory disorders, Alzheimer's disease; Berkshire Heights; 908-277-8639 OVERLOOK

MICHAEL DARAS
Neuromuscular disorders; New York; 212-305-6876 NY PRES-COLUMBIA

LISA DEANGELIS
Neuro-oncology, brain tumors, clinical trials; New York; 212-639-7123 SLOAN-KETTERING

ORRIN DEVINSKY
Epilepsy/seizure disorders, tuberous sclerosis, behavioral neurology; New York; 646-558-0803 NYU LANGONE

MITCHELL ELKIND
Stroke, cerebrovascular disease, dizziness/vertigo; New York; 212-305-1710 NY PRES-COLUMBIA

ENRIQUE FEOLI
Epilepsy; Hackensack; 201-343-6676 HACKENSACK

MATTHEW FINK
Cerebrovascular disease, stroke, critical care; New York; 212-746-4564 NY PRES-WEILL CORNELL

JACQUELINE FRENCH
Epilepsy; New York; 646-558-0868 NYU LANGONE

STEVEN GALETTA
Neuro-ophthalmology, optic-nerve disorders, multiple sclerosis; New York; 212-263-7744 NYU LANGONE

MARTIN GOLDSTEIN
Cognitive disorders, memory disorders, Parkinson's disease, dementia; New York; 212-241-0781 MT SINAI

MALCOLM GOTTESMAN
Multiple sclerosis, stroke; Mineola; 516-663-4525 WINTHROP

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Epilepsy/seizure disorders; Great Neck; 516-325-7000 LI JEWISH

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Neuro-oncology, gliomas, brain tumors, brain tumors–metastatic; New York; 212-342-0571 NY PRES-COLUMBIA

FRED LUBLIN
Multiple sclerosis; New York; 212-241-6854 MT SINAI

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Amyotrophic lateral sclerosis, electromyography, neuromuscular disorders, peripheral-nerve disorders; New York; 212-844-8497 MT SINAI BETH ISRAEL

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MT SINAI

SHIEVA GHOFRANY
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STAMFORD

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STONY BROOK

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GREENWICH

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Saddle River; 201-934-5050
HACKENSACK

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MT SINAI

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FRANK SILVERMAN
New York; 212-263-5858
NYU LANGONE

JENNIFER WU
New York; 212-744-6700
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NY EYE AND EAR

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U NEWARK

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ENTIRE BUILDING FOR LEASE

223 East 80th Street

Btwn. 2nd & 3rd Ave. 15,000 SF+/- for lease. Medical building consisting of 6 full floors accessible by elevator, with a basement. Ground floor presents an excellent retail opportunity with 22' of frontage on East 80th Street.

CARNEGIE HILL MEDICAL OFFICE

1050 Park Avenue

At East 87th Street. 1,650 SF+/- for sale. Excellent windows on Park Avenue. 3 consult rooms, 5 exam rooms, a waiting/reception area, a large admin work area, a laboratory, staff kitchen, multiple closets, and 3 restrooms.

UPPER EAST SIDE OB/GYN

885 Park Avenue

At East 78th Street. 1,900 SF+/- for sale. Features 6 exam rooms (each with a restroom), 2 consult rooms, waiting/reception, admin/billing office, lab, kitchen, and an additional restroom. Separate entrance on East 78th Street.

RUTHERFORD PLACE CONDO

303 Second Avenue

Btwn. E 17th & E 18th St. 2,170 SF+/- for sale. Near major medical centers along Medical Mile. Currently an ophthalmologist office. 6 exam rooms, 1 consult room, office, lounge, and large waiting/reception area.

UPPER EAST SIDE MEDICAL

260 East 67th Street

At 2nd Ave. 5,200 SF+/- for lease. Raw medical space providing an excellent opportunity to build to suit your needs. Separate street entrance. Garage on premises. Located at the base of a luxury residential building.

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RITZ TOWER MEDICAL

111 East 57th Street

At Park Avenue. 1,555 to 35,884 SF+/- for lease. New medical wing planned for the base of the legendary Ritz Tower. Ownership will build to suit based upon generous work letter. Adaptable to any medical specialty or dental use.

THE DOWNTOWN MEDICAL BUILDING

156 William Street

Btwn. Ann & Beekman St. 3,624 to 124,000 SF+/- for lease. Exciting new medical building redevelopment in the heart of the Financial District. Full medical build-out based on generous work letter.

OPHTHALMOLOGIST ON PARK

630 Park Avenue

At East 66th Street. 1,950 SF+/- for sale. Ground floor office with a separate entrance. Includes 4 exam rooms, a reception area, a large waiting room, a lab, a staff room, 2 restrooms, multiple workstations and office areas.

MOVE-IN CONDITION ON PARK

885 Park Avenue

At East 78th Street. 2,100+/- for sale. Features waiting/reception area, 1 consult room, 3 treatment rooms, OR with prep area, recovery room, 2 restrooms. Can be expanded to 4,050 or 5,150 SF+/-.

GARDEN CITY MEDICAL/RETAIL

711 Stewart Avenue

Garden City, NY. 4,000 to 26,646 SF+/- for lease. Features a dedicated entrance, tenant-controlled HVAC, and a newly renovated parking area. Adaptable to any medical specialty or commercial use.

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107-21 Queens Boulevard

Forest Hills, Queens. 2,500 SF+/- for sale. 7 operatories, 1 consult room, 2 labs, waiting/reception, kitchen, and 2 restrooms. Easy access to public transportation with an on-site public parking garage.

EAST VILLAGE MEDICAL

94 East 4th Street

Btwn. 1st & 2nd Ave. 5,800 SF+/- for lease. Excellent location featuring a separate storefront entrance on East 4th Street. A prime retail space for a medical user with an excellent signage opportunity.

ENTIRE MAGNIFICENT MANSION

320 East 82nd Street

Btwn. 1st & 2nd Ave. 26,200 SF+/- for lease. Medical or community facility building on 6 floors with usable cellar. Includes community rooms, admin areas, a kitchen with dining area, and 3 dormitory floors.

UNBEATABLE UES LOCATION

45 East 72nd Street

Btwn. Park & Madison Ave. 1,550 SF+/- for sale. Ground floor medical office with a separate entrance. 2 consult rooms, 5 exam rooms, waiting/reception area, a lab, pantry, X-ray room, and 2 restrooms.

LARGE SUTTON AREA DENTAL

400 East 56th Street

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MARC ODRICH
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RICHARD PALU
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Oculoplastic surgery, cosmetic surgery–face, reconstructive surgery–face, eyelid surgery; New York; 212-396-4400 NY EYE AND EAR

URI SHABTO
Retinopathy of prematurity, macular disease/degeneration, diabetic eye disease/retinopathy, retinal detachment; New York; 212-677-2000 NY EYE AND EAR

PAUL SIDOTI
Glaucoma; New York; 212-979-4590 NY EYE AND EAR

RICHARD SPAIDE
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H. JAY WISNICKI
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Hip and knee replacement, arthroscopic surgery–hip, arthroscopic surgery–knee, fractures–complex; New York; 212-434-4799 LENOX HILL

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The *Right* Prescription For All Of Your Healthcare Real Estate Needs

PREMIER MEDICAL SPACE AVAILABLE ON MANHATTAN'S UPPER EAST SIDE

THE CONCORDE
225 East 64th Street (btwn. Second & Third Avenue)
3,000 to 10,500 SF+/-

- Owner will build out the space based upon a generous workletter to meet individual end user's needs
- Newly renovated lobby
- Across the street from Lenox Hill/Manhattan Eye, Ear & Throat Hospital
- Close to major public transportation including the 4, 5, 6, F, N, Q, and R Subway lines as well as multiple bus routes

PARK AVENUE MEDICAL ARTS CENTER
62 East 88th Street (btwn. Madison & Park Avenue)
3,812 to 8,025 SF+/-

- Unique large block of medical space off of Park Avenue
- Exclusive new medical lobby with high-end finishes
- Space built-to-suit based upon generous workletter
- Private semi-circular driveway
- Public garage across the street
- Excellent Carnegie Hill location

NEW WEST SIDE DEVELOPMENT

600 West 58th Street
At 11th Ave. Over 80,000 SF+/- for lease. New construction with occupancy planned for mid-2016. Features include: dedicated medical entrance and lobby; prime frontage and excellent branding opportunity; building design specific to healthcare use; infrastructure available to accommodate Article-28 compliance; parking available within building complex.

PLAZA DISTRICT MEDICAL

635 Madison Avenue
Btwn. E 59th & E 60th St. 1,539 to over 23,000 SF+/- for lease. Class A office building in Manhattan's Plaza District with long-term lease opportunities. Infrastructure to support medical tenancy and full floors are available with ability to subdivide. Unique opportunity to be a part of a diverse medical tenant population.

Paul Wexler, *Lic. Assoc. RE Broker, The Corcoran Group* | o: 212.836.1075 | plw@corcoran.com

wexler
healthcare properties team
AT THE CORCORAN GROUP
healthcare-properties.com

Specialists

S. ROBERT ROZBRUCH
Limb lengthening, limb deformities, lower-limb surgery in children, fractures–complex and non-union;
New York;
212-606-1415
HOSP SPECIAL SURGERY

ANDREW SAMA
Spinal surgery, spinal trauma, spinal disorders–degenerative, spinal deformity;
New York;
212-606-1946
HOSP SPECIAL SURGERY

THOMAS SCULCO
Hip replacement, knee replacement, minimally invasive surgery, joint replacement;
New York;
212-606-1475
HOSP SPECIAL SURGERY

BRUCE SEIDEMAN
Hip replacement, knee replacement, arthritis;
Great Neck;
516-627-8717
ST FRANCIS

ALOK SHARAN
Spinal tumors, spinal surgery;
the Bronx;
718-920-2060
MONTEFIORE–EINSTEIN

TODD SOIFER
Arthritis, knee injuries, arthroscopic surgery, rotator-cuff surgery;
Brooklyn;
718-258-2588
MT SINAI BETH ISRAEL–BROOKLYN

JEFFREY SPIVAK
Spinal surgery, scoliosis, sports medicine, back injuries;
New York;
646-501-7200
HOSP JOINT DISEASES

EDWIN SU
Hip resurfacing, hip replacement, reconstructive surgery;
New York;
212-606-1128
HOSP SPECIAL SURGERY

ARMIN TEHRANY
Arthroscopic surgery, sports medicine, shoulder injuries, knee injuries/ACL/meniscus tears;
New York;
212-729-9200
MT SINAI

MICHAEL VITALE
Spinal surgery–pediatric, scoliosis, limb lengthening (Ilizarov procedure), clubfoot/foot deformities in children;
New York;
212-305-5475
NY PRES–MORGAN STANLEY

LON WEINER
Trauma, fractures, fractures–complex and non-union;
New York;
212-434-4880
LENOX HILL

ROGER WIDMANN
Pediatric orthopedic surgery, scoliosis, limb lengthening, limb deformities;
New York;
212-606-1325
HOSP SPECIAL SURGERY

JAMES WITTIG
Bone tumors, sarcoma–soft tissue, reconstructive surgery, pediatric orthopedic cancers;
Hackensack;
551-996-2533
HACKENSACK

THOMAS YOUM
Sports medicine, arthroscopic surgery, knee injuries/ligament surgery, shoulder injuries;
New York;
212-348-3636
HOSP JOINT DISEASES

JOSEPH ZUCKERMAN
Shoulder replacement;
New York;
212-598-6674
HOSP JOINT DISEASES

OTOLARYNGOLOGY

JONATHAN AVIV
Voice disorders, swallowing disorders, cough, endoscopy;
New York;
212-722-5570
MT SINAI

STEVEN BRAMWIT
Head and neck surgery, nasal and sinus disorders;
Stamford;
203-348-7797
STAMFORD

SALVATORE CARUANA
Head and neck cancer, thyroid and parathyroid cancer and surgery, robotic surgery;
New York;
212-305-5335
NY PRES–COLUMBIA

PETER COSTANTINO
Skull-base tumors, head and neck surgery, craniofacial surgery/reconstruction, facial paralysis;
New York;
212-434-4500
LENOX HILL

DAVID EDELSTEIN
Endoscopic sinus surgery, nasal reconstruction, sleep disorders/apnea, rhinoplasty;
New York;
212-452-1500
LH MANHATTAN EYE

DOUGLAS FRANK
Head and neck cancer and surgery, thyroid and parathyroid cancer and surgery, salivary-gland tumors and surgery, skull-base surgery;
New Hyde Park;
718-470-7552
LI JEWISH

ERIC GENDEN
Head and neck cancer and surgery, head and neck cancer reconstruction, airway reconstruction, thyroid and parathyroid cancer and surgery;
New York;
212-241-9410
MT SINAI

DAVID GODIN
Laryngeal and voice disorders, sinus disorders/surgery, pediatric otolaryngology, thyroid and parathyroid surgery;
New York;
212-679-3499
NY EYE AND EAR

GADY HAR-EL
Head and neck cancer, thyroid and parathyroid surgery, sinus tumors, skull-base tumors;
New York;
212-434-2323
LENOX HILL

ADAM JACOBSON
Minimally invasive surgery, head and neck cancer, microsurgery, salivary-gland tumors and surgery;
New York;
212-731-6464
NYU LANGONE

ANDREW JACONO
Cosmetic and reconstructive surgery–face, rhinoplasty, eyelid surgery/blepharoplasty;
Great Neck;
516-773-4646
N SHORE

JORDAN JOSEPHSON
Rhinoplasty revision, endoscopic sinus surgery, nasal and sinus disorders, sleep apnea;
New York;
212-717-1773
LH MANHATTAN EYE

DARIUS KOHAN
Cochlear implants, acoustic neuroma, hearing disorders, ear tumors;
New York;
212-472-1300
LH MANHATTAN EYE

ARNOLD KOMISAR
Thyroid and parathyroid surgery, salivary-gland tumors, nasal and sinus surgery;
New York;
212-861-8888
LENOX HILL

DENNIS KRAUS
Head and neck cancer, skull-base tumors, thyroid and parathyroid cancer and surgery, sarcoma;
New York;
212-434-4500
LENOX HILL

WILLIAM KUHEL
Head and neck cancer and surgery, thyroid cancer, parathyroid cancer;
New York;
646-962-6673
NY PRES–WEILL CORNELL

ANIL LALWANI
Ear disorders/surgery, facial-nerve disorders, cochlear implants, skull-base surgery;
New York;
212-305-8555
NY PRES–COLUMBIA

LISA LIBERATORE
Sleep apnea, sleep disorders, sinus disorders/surgery;
New York;
212-288-2222
LH MANHATTAN EYE

CHRISTOPHER LINSTROM
Cochlear implants, acoustic neuroma, otology and neuro-otology, cholesteatoma;
New York;
212-979-4200
NY EYE AND EAR

PHILIP MILLER
Rhinoplasty, cosmetic surgery–face, facial-nerve disorders;
New York;
212-750-7100
LH MANHATTAN EYE

MARK PERSKY
Head and neck cancer, skull-base tumors, thyroid cancer, vascular lesions–head and neck;
New York;
212-731-6161
NYU LANGONE

MICHAEL PITMAN
Laryngeal and voice disorders, voice disorders/professional voice care, swallowing disorders, airway disorders;
New York;
212-979-4119
NY EYE AND EAR

J. THOMAS ROLAND
Acoustic neuroma, cochlear implants, neuro-otology, facial-nerve disorders;
New York;
212-263-5565
NYU LANGONE

BRADLEY SCHIFF
Head and neck cancer and surgery, oral cancers, tongue cancer, salivary-gland tumors;
the Bronx;
718-920-4646
MONTEFIORE

JOHN SCOTT
Head and neck surgery, facial plastic surgery, thyroid surgery, cosmetic surgery–face;
Mt. Kisco;
914-242-1355
N WESTCHESTER

CHRISTOPHER SHAARI
Sinus disorders/surgery, thyroid and parathyroid cancer and surgery;
Hackensack;
201-342-8060
HACKENSACK

LARRY SHEMEN
Head and neck cancer, thyroid cancer, parathyroid cancer, snoring/sleep apnea;
New York;
212-472-8882
NY HOSP QUEENS

BHUVANESH SINGH
Head and neck cancer and surgery, thyroid cancer;
New York;
212-639-2024
SLOAN-KETTERING

OLEH SLUPCHYNSKYJ
Facial plastic and reconstructive surgery, eyelid surgery/blepharoplasty, facial surgery–chin and lip, rhinoplasty;
New York;
212-628-6464
NY EYE AND EAR

RICHARD SMITH
Head and neck cancer, thyroid and parathyroid surgery, salivary-gland tumors, robotic surgery;
the Bronx;
718-920-4646
MONTEFIORE

ERIC SMOUHA
Otology, hearing and balance disorders, hearing loss/tinnitus, dizziness/vertigo;
New York;
212-241-9410
MT SINAI

MICHAEL STEWART
Nasal and sinus disorders, sleep disorders/apnea, head and neck surgery, vocal-cord disorders;
New York;
646-962-6673
NY PRES–WEILL CORNELL

KATRINA STIDHAM
Cochlear implants, ear disorders/surgery, otology and neuro-otology, dizziness/vertigo;
Hawthorne;
914-909-4578
WESTCHESTER

IAN STORPER
Cochlear implants, acoustic neuroma, Meniere's disease, balance disorders;
New York;
212-434-4500
LH MANHATTAN EYE

RADU SULICA
Laryngeal disorders, voice disorders, vocal-cord disorders, Botox therapy;
New York;
646-962-4734
NY PRES–WEILL CORNELL

MARITA TENG
Throat cancer, tongue cancer, thyroid disorders, laryngeal cancer;
New York;
212-241-9410
MT SINAI

GEOFFREY TOBIAS
Rhinoplasty, rhinoplasty revision, nasal reconstruction;
Englewood;
201-567-6770
ENGLEWOOD

MARK URKEN
Head and neck cancer and surgery, head and neck cancer reconstruction, thyroid and parathyroid cancer and surgery, salivary-gland tumors;
New York;
212-844-8775
MT SINAI BETH ISRAEL

MILTON WANER
Pediatric facial plastic surgery, birthmarks/hemangiomas, vascular malformations;
New York;
212-434-4050
LH MANHATTAN EYE

MICHAEL WEISS
Head and neck surgery, hearing disorders, sinus disorders/surgery, minimally invasive surgery;
Brooklyn;
718-283-6260
MAIMONIDES

RICHARD WONG
Head and neck cancer, thyroid cancer;
New York;
212-639-7638
SLOAN-KETTERING

CRAIG ZALVAN
Voice disorders, swallowing disorders, airway disorders, vocal-cord disorders;
Sleepy Hollow;
914-366-3636
PHELPS

MARC ZIMBLER
Cosmetic surgery–face, blepharoplasty, rhinoplasty, reconstructive surgery–face;
New York;
212-570-9900
MT SINAI BETH ISRAEL

PAIN MEDICINE

SANJEEV AGARWAL
Pain–interventional techniques, pain–after spinal intervention, pain–back and neck, pain–low back;
Brooklyn;
718-270-2045
SUNY DOWNSTATE

CAROLE AGIN
Acupuncture, complex regional pain syndromes, pain–neuropathic, pain–back;
Lake Success;
516-622-6105

SANJAY BAKSHI
Pain–spine, pain–back and neck;
New York;
212-535-3505
LENOX HILL

KENNETH CHAPMAN
Pain–spine, pain–back and neck, pain–interventional techniques;
New York;
212-724-7246
NYU LANGONE

SAMYADEV DATTA
Complex regional pain syndromes, pain–cancer, pain–back;
Hackensack;
201-488-7246
HOLY NAME

SUDHIR DIWAN
Pain–after spinal intervention, pain–musculoskeletal, pain–neuropathic, pain–cancer;
New York;
212-535-3505
LENOX HILL

LAWRENCE EPSTEIN
Pain–spine, pain–neck, sciatica;
New York;
212-241-6372
MT SINAI

GORDON FREEDMAN
Pain–back and neck, reflex sympathetic dystrophy (RSD), pain–neuropathic, pain–cancer;
New York;
212-288-2180
MT SINAI

CHRISTOPHER GHARIBO
Pain–back and neck, pain–neuropathic, pain–chronic, complex regional pain syndromes;
New York;
646-501-7246
NYU LANGONE

SUBHASH JAIN
Pain–cancer, pain–pelvic, RSD, complex regional pain syndromes;
New York;
212-439-6100
MT SINAI BETH ISRAEL

STUART KAHN
Pain–spine, acupuncture, pain–interventional

techniques;
New York;
212-241-8947
MT SINAI

ANDREW KAUFMAN
Complex regional pain syndromes, pain–back and neck, pain–cancer, pain–neuropathic;
Newark;
973-972-2085
U NEWARK

JOEL KREITZER
Pain–back, pain–cancer, pain–neuropathic;
New York;
212-288-2180
MT SINAI

MATHEW LEFKOWITZ
Pain–low back, pain–after spinal intervention, sciatica, pain–back and neck;
Brooklyn;
718-625-4244
NY METHODIST

BELLA MALITS
Pain–chronic, RSD;
Mt. Kisco;
914-242-4400
N WESTCHESTER

JEFFREY NGEOW
Pain–musculoskeletal-spine and neck, RSD, acupuncture, pain–neuropathic;
New York;
212-224-7918
HOSP SPECIAL SURGERY

DANIEL RICHMAN
Pain–back and neck, complex regional pain syndromes, RSD, pain–neuropathic;
New York;
212-606-1768
HOSP SPECIAL SURGERY

DOUGLAS SCHOTTENSTEIN
Pain–spine, pain–musculoskeletal, arthritis, Regenokine therapy;
New York;
212-750-1155
NY PRES-COLUMBIA

SETH WALDMAN
Pain–spine, pain–neuropathic, sciatica, pain–interventional techniques;
New York;
212-606-1686
HOSP SPECIAL SURGERY

MICHAEL WEINBERGER
Pain–cancer, pain–back, palliative care, headache;
New York;
212-305-7114
NY PRES-COLUMBIA

PATHOLOGY

CRISTINA ANTONESCU
Bone pathology, sarcoma–soft tissue, Ewing's sarcoma;
New York;
212-639-5905
SLOAN-KETTERING

ROBERT BABKOWSKI
Breast pathology, gastrointestinal pathology, gynecologic pathology;
Stamford;
203-276-7420
STAMFORD

MARY BEASLEY
Pulmonary pathology, lung cancer, mesothelioma, interstitial lung disease;
New York;
212-241-7373
MT SINAI

IRA BLEIWEISS
Breast pathology, breast cancer;
New York;
212-241-9159
MT SINAI

ALAIN BORCZUK
Pulmonary pathology, lung cancer, mesothelioma;
New York;
212-305-6719
NY PRES-COLUMBIA

KLAUS BUSAM
Dermopathology, skin cancer, melanoma;
New York;
212-639-5905
SLOAN-KETTERING

VIVETTE D'AGATI
Renal pathology, kidney pathology;
New York;
212-305-7460
NY PRES-COLUMBIA

NOAM HARPAZ
Gastrointestinal pathology;
New York;
212-241-9115
MT SINAI

DAVID KLIMSTRA
Gastrointestinal pathology, colon cancer;
New York;
212-639-5905
SLOAN-KETTERING

JONATHAN MELAMED
Prostate cancer, tumor banking–prostate;
New York;
212-263-5470
NYU LANGONE

DREW OLSEN
Gynecologic pathology, breast pathology;
Teaneck;
201-833-3020
HOLY NAME

VICTOR REUTER
Prostate cancer, genitourinary pathology, bladder cancer, testicular cancer;
New York;
212-639-5905
SLOAN-KETTERING

MARC ROSENBLUM
Neuro-pathology, brain tumors;
New York;
212-639-3844
SLOAN-KETTERING

MIGUEL SANCHEZ
Breast cancer, thyroid cancer;
Englewood;
201-894-3423
ENGLEWOOD

CARMEN TORNOS
Gynecologic cancers, breast cancer, ovarian cancer;
Stony Brook;
631-444-2222
STONY BROOK

PEDIATRIC ALLERGY AND IMMUNOLOGY

VINCENT BONAGURA
Immunodeficiency disorders;
Great Neck;
516-622-5070
COHEN

PAUL EHRLICH
Asthma, food allergy;
New York;
212-685-4225
NYU LANGONE

JAMES FAGIN
Asthma, allergy, immunodeficiency disorders, rhinitis;
Manhasset;
516-365-6077
N SHORE

RONIT HERZOG
Asthma and allergy, sinusitis, food allergy, allergic rhinitis;
New York;
646-501-7938
NYU LANGONE

HUGH SAMPSON
Food allergy;
New York;
212-241-5548
MT SINAI

SCOTT SICHERER
Food allergy, drug sensitivity, eczema;
New York;
212-241-5548
MT SINAI

JULIE WANG
Food allergy, anaphylaxis, immunotherapy;
New York;
212-241-5548
MT SINAI

PEDIATRIC CARDIOLOGY

LINDA ADDONIZIO
Transplant medicine–heart, heart failure, hypertrophic cardiomyopathy;
New York;
212-305-6575
NY PRES-MORGAN STANLEY

RUBIN COOPER
Congenital heart disease, rheumatic heart disease, Kawasaki disease;
New Hyde Park;
718-470-7350
COHEN

BRUCE GELB
Noonan syndrome, Marfan syndrome;
New York;
212-241-8592
MT SINAI

MICHAEL GEWITZ
Neonatal cardiology, Kawasaki disease, echocardiography, heart failure;
Valhalla;
914-594-2222
WESTCHESTER

DAPHNE HSU
Interventional cardiology, heart failure, transplant medicine–heart;
the Bronx;
718-741-2538
MONTEFIORE

DIANE KERSTEIN
Pulmonary hypertension;
Chappaqua;
914-458-8800
NY PRES-MORGAN STANLEY

SEAN LEVCHUCK
Interventional cardiology, congenital heart disease, atrial septal defect, percutaneous ASD/PFO closure;
Roslyn;
516-365-3340
ST FRANCIS

DOUGLAS LUXENBERG
Echocardiography, congenital heart disease;
Roslyn;
516-365-3340
ST FRANCIS

IRA PARNESS
Echocardiography, congenital heart disease, fetal echocardiography;
New York;
212-241-6640
MT SINAI

ROBERT PASS
Arrhythmias, cardiac electrophysiology, cardiac catheterization;
the Bronx;
718-741-2538
MONTEFIORE

SALVATORE PRESTI
Fetal echocardiography, congenital heart disease, Kawasaki disease;
New York;
212-838-9880
NYU LANGONE

ANGELA ROMANO
Echocardiography, Marfan syndrome, Kawasaki disease;
New Hyde Park;
718-470-7350
COHEN

SHUBHIKA SRIVASTAVA
Echocardiography, fetal cardiology, congenital heart disease–adult and child, Marfan syndrome;
New York;
212-241-8662
MT SINAI

ROBERT TOZZI
Hypertrophic cardiomyopathy, fetal echocardiography, cholesterol/lipid disorders, heart failure;
Hackensack;
201-487-7617
HACKENSACK

JULIE VINCENT
Interventional cardiology, congenital heart disease, cardiac catheterization;
New York;
212-342-0610
NY PRES-MORGAN STANLEY

PEDIATRIC ENDOCRINOLOGY

SIHAM ACCACHA
Diabetes, growth disorders, metabolic syndrome;
Mineola;
516-663-4600
WINTHROP

CHHAVI AGARWAL
Thyroid disorders, Rett syndrome, calcium disorders, obesity;
Scarsdale;
914-713-8774
WHITE PLAINS

JAVIER AISENBERG
Diabetes, growth disorders;
Hackensack;
551-996-5329
HACKENSACK

ILENE FENNOY
Growth/development disorders, diabetes, Klinefelter's syndrome, obesity;
New York;
212-305-6559
NY PRES-MORGAN STANLEY

GRAEME FRANK
Pubertal disorders, growth/development disorders, diabetes, thyroid disorders;
Lake Success;
516-472-3750
COHEN

MARY GALLAGHER
Diabetes;
New York;
212-851-5494
NY PRES-MORGAN STANLEY

RUBINA HEPTULLA
Adrenal disorders, diabetes, thyroid disorders;

CONTINUED →

Specialists

the Bronx;
718-741-2450
MONTEFIORE

BRENDA KOHN
Growth/pituitary/thyroid/adrenal disorders;
New York;
212-263-5940
NYU LANGONE

SHARON OBERFIELD
Adrenal disorders, neuroendocrine disorders, growth disorders;
New York;
212-305-6559
NY PRES-MORGAN STANLEY

ROBERT RAPAPORT
Growth disorders, thyroid disorders, diabetes;
New York;
212-241-8487
MT SINAI

CHARLES SKLAR
Cancer survivors–late effects of therapy, growth disorders in childhood cancer;
New York;
212-639-8138
SLOAN-KETTERING

ELIZABETH WALLACH-MINTZ
Diabetes;
New York;
212-241-6936
MT SINAI

PEDIATRIC GASTROENTEROLOGY

KEITH BENKOV
Inflammatory bowel disease/Crohn's, liver disease, celiac disease, GERD;
New York;
212-241-5415
MT SINAI

MIRNA CHEHADE
Eosinophilic esophagitis, food allergy, esophageal disorders;
New York;
212-241-4880
MT SINAI

FREDRIC DAUM
Colitis, nutrition in bowel disorders, nutrition in autism, encopresis (fecal soiling);
Mineola;
516-663-4600
WINTHROP

WENDY JESHION
Inflammatory bowel disease/Crohn's, celiac disease, peptic-ulcer disease, nutrition;
Hackensack;
551-996-8840
HACKENSACK

PHILIP KAZLOW
Inflammatory bowel disease, celiac disease, nutrition;
New York;
212-305-5903
NY PRES-MORGAN STANLEY

JOEL LAVINE
Liver disease, transplant medicine–liver, pancreatic disease, celiac disease;
New York;
212-305-5903
NY PRES-MORGAN STANLEY

JOSEPH LEVY
Celiac disease, GERD, nutrition in autism, inflammatory bowel disease/Crohn's;
New York;
212-263-5407
NYU LANGONE

STEVEN LOBRITTO
Hepatitis, liver disease, transplant medicine–liver;
New York;
212-305-3000
NY PRES-MORGAN STANLEY

JAMES MARKOWITZ
Inflammatory bowel disease/Crohn's, GERD;
Lake Success;
516-472-3650
COHEN

JOHN THOMPSON
Inflammatory bowel disease/Crohn's, short-bowel syndrome, transplant medicine–bowel;
the Bronx;
718-741-2450
MONTEFIORE

PEDIATRIC HEMATOLOGY-ONCOLOGY

SUCHITRA ACHARYA
Hematologic disorders, hemophilia, bleeding/coagulation disorders, thrombotic disorders;
New Hyde Park;
718-470-3460
COHEN

ALEXANDER ALEDO
Leukemia and lymphoma, bone tumors;
New York;
212-746-3400
NY PRES-WEILL CORNELL

MARK ATLAS
Brain tumors–pediatric, thalassemia, neuro-oncology;
New Hyde Park;
718-470-3470
COHEN

WILLIAM CARROLL
Leukemia and lymphoma, hematologic malignancies, stem-cell transplant, lymphoma, non-Hodgkin's;
New York;
212-263-8400
NYU LANGONE

IRA DUNKEL
Retinoblastoma, brain and spinal-cord tumors, brain tumors, pediatric cancers;
New York;
212-639-2153
SLOAN-KETTERING

JAMES GARVIN
Brain tumors, pediatric cancers, bone-marrow transplant, leukemia;
New York;
212-305-9770
NY PRES-MORGAN STANLEY

RICHARD GORLICK
Sarcoma, solid tumors;
the Bronx;
718-741-2342
MONTEFIORE

MICHAEL HARRIS
Leukemia and lymphoma, bone tumors, cancer survivors–late effects of therapy;
Hackensack;
551-996-5437
HACKENSACK

KARA KELLY
Leukemia, lymphoma, complementary medicine;
New York;
212-305-5808
NY PRES-MORGAN STANLEY

NANCY KERNAN
Bone-marrow transplant, stem-cell transplant, leukemia, immune deficiency;
New York;
212-639-7250
SLOAN-KETTERING

KIM KRAMER
Neuroblastoma, brain and spinal-cord tumors;
New York;
212-639-6410
SLOAN-KETTERING

ADAM LEVY
Brain tumors, spinal-cord tumors, neuro-oncology;
the Bronx;
718-741-2342
MONTEFIORE

PAUL MEYERS
Pediatric cancers, bone tumors, sarcoma;
New York;
212-639-5952
SLOAN-KETTERING

ROBERT PARKER
Pediatric cancers, bleeding/coagulation disorders, platelet disorders, lymphoma;
Stony Brook;
631-638-1000
STONY BROOK

SUSAN PROCKOP
Bone-marrow and stem-cell transplant, leukemia, myelodysplastic syndromes, graft-vs.-host disease;
New York;
212-639-6715
SLOAN-KETTERING

SUJIT SHETH
Sickle-cell disease, thalassemia;
New York;
212-746-3400
NY PRES-WEILL CORNELL

CINDY STEELE
Leukemia, sickle-cell disease;
Hackensack;
551-996-5437
HACKENSACK

PETER STEINHERZ
Leukemia, lymphoma, Wilms' tumor;
New York;
212-639-7951
SLOAN-KETTERING

TANYA TRIPPETT
Hodgkin's lymphoma, lymphoma, non-Hodgkin's, leukemia;
New York;
212-639-8267
SLOAN-KETTERING

MARK WEINBLATT
Leukemia and lymphoma, sickle-cell disease, bleeding/coagulation disorders, thalassemia;
Mineola;
516-663-9400
WINTHROP

BIRTE WISTINGHAUSEN
Sarcoma, leukemia and lymphoma, Wilms' tumor;
New York;
212-241-7022
MT SINAI

PEDIATRIC INFECTIOUS DISEASE

NATHAN LITMAN
Infections in immunocompromised patients, hospital-acquired infections;
the Bronx;
718-741-2470
MONTEFIORE

NATALIE NEU
AIDS/HIV, sexually transmitted diseases, clinical trials;
New York;
212-305-0635
NY PRES-MORGAN STANLEY

JULIA PIWOZ
AIDS/HIV, congenital infections, infections in transplant patients;
Hackensack;
551-996-5308
HACKENSACK

ROBERTO POSADA
AIDS/HIV, Lyme disease, immune deficiency, tuberculosis;
New York;
212-241-7968
MT SINAI

LORRY RUBIN
Kawasaki disease, tuberculosis, fevers of unknown origin;
New Hyde Park;
718-470-3480
COHEN

KEVIN SLAVIN
Antibiotic resistance, travel medicine, infection control;
Hackensack;
551-996-5308
HACKENSACK

PEDIATRIC NEPHROLOGY

CORINNE BENCHIMOL
Dialysis care, hemolytic uremic syndrome, glomerulonephritis;
New York;
212-241-6187
MT SINAI

FREDERICK KASKEL
Kidney disease–chronic, dialysis care, polycystic kidney disease;
the Bronx;
718-741-2450
MONTEFIORE

KENNETH LIEBERMAN
Nephrotic syndrome, glomerulonephritis, kidney failure–chronic, hypertension;
Hackensack;
551-996-8228
HACKENSACK

FANGMING LIN
Kidney disease–chronic, hypertension in children, glomerulonephritis;
New York;
212-305-5825
NY PRES-MORGAN STANLEY

JEFFREY SALAND
Transplant medicine–kidney, kidney disease, hypertension in children, hemolytic uremic syndrome;
New York;
212-241-6187
MT SINAI

HOWARD TRACHTMAN
Electrolyte disorders, hypertension, hemolytic uremic syndrome, nephrotic syndrome;
New York;
212-263-5940
NYU LANGONE

PEDIATRIC OTOLARYNGOLOGY

MAX APRIL
Sinus disorders, neck masses, laryngeal disorders, sleep apnea;
New York;
646-501-7890
NYU LANGONE

JOSEPH BERNSTEIN
Airway disorders, sleep apnea, craniofacial surgery, cleft palate/lip;
White Plains;
914-997-9100
NY EYE AND EAR

ELI GRUNSTEIN
Cholesteatoma, cochlear implants, hearing loss, cleft palate/lip;
New York;
212-305-8933
NY PRES-MORGAN STANLEY

JOSEPH HADDAD
Ear infections, sinus disorders, cleft palate/lip;
New York;
212-305-8933
NY PRES-MORGAN STANLEY

JEFFREY KELLER
Otitis media, sinusitis, sleep disorders/apnea;
Mt. Kisco;
914-241-1050
N WESTCHESTER

VIKASH MODI
Airway disorders, airway reconstruction, tonsil/adenoid disorders, cleft palate/lip;
New York;
646-962-3017
NY PRES-WEILL CORNELL

RICHARD ROSENFELD
Sinus disorders/surgery, head and neck surgery, ear disorders/surgery;
Brooklyn;
718-780-1498
SUNY DOWNSTATE

MICHAEL ROTHSCHILD
Sinus disorders, swallowing disorders, ear disorders;
New York;
212-996-2995
MT SINAI

LEE SMITH
Airway disorders, head and neck tumors, tonsil/adenoid disorders, ear infections;
New Hyde Park;
718-470-7550
COHEN

PEDIATRIC PULMONOLOGY

LEWIS KASS
Sleep disorders/apnea, asthma and chronic lung disease, cystic fibrosis;
Mt. Kisco;
914-242-0445
N WESTCHESTER

MEYER KATTAN
Asthma, cystic fibrosis, chronic lung disease;
New York;
212-305-5122
NY PRES-MORGAN STANLEY

CATHERINE KIER
Cystic fibrosis, asthma and chronic lung disease;
East Setauket;
631-444-5437
STONY BROOK

SANKARAN KRISHNAN
Cystic fibrosis, bronchoscopy, asthma; Hawthorne;
914-493-7585
WESTCHESTER

CARIN LAMM
Sleep disorders/apnea, asthma, cystic fibrosis;
New York;
212-305-5122
NY PRES-MORGAN STANLEY

MELODI PIRZADA
Asthma, cystic fibrosis, breathing disorders;
Mineola;
516-663-4600
WINTHROP

ALFIN VICENCIO
Asthma, bronchoscopy, interventional pulmonology;
New York;
212-241-7788
MT SINAI

PEDIATRIC RHEUMATOLOGY

ALEXA ADAMS
Juvenile arthritis, rheumatoid arthritis, lupus/SLE, vasculitis;
New York;
212-774-2083
HOSP SPECIAL SURGERY

ANDREW EICHENFIELD
Juvenile arthritis, vasculitis, lupus/SLE;
New York;
212-305-9304
NY PRES-MORGAN STANLEY

BETH GOTTLIEB
Juvenile arthritis, lupus/SLE, dermatomyositis, vasculitis;
Lake Success;
516-472-3700
COHEN

NORMAN ILOWITE
Juvenile arthritis, Lyme disease, lupus/SLE, dermatomyositis;
the Bronx;
718-741-2450
MONTEFIORE

YUKIKO KIMURA
Juvenile arthritis, lupus/SLE, dermatomyositis, vasculitis;
Hackensack;
551-996-5306
HACKENSACK

HERBERT LAZARUS
Juvenile arthritis, Lyme disease, pain–musculoskeletal, lupus/SLE;
New York;
212-787-1444
NYU LANGONE

THOMAS LEHMAN
Arthritis, scleroderma, lupus/SLE, rheumatoid arthritis;
New York;
212-606-1151
HOSP SPECIAL SURGERY

PEDIATRICS

PETER BELAMARICH
Cholesterol/lipid disorders, nutrition;
the Bronx;
718-741-2450
MONTEFIORE

PEDIATRIC SURGERY

STEPHEN DOLGIN
Neonatal surgery, ulcerative colitis,

inflammatory bowel disease/Crohn's, ovarian masses in children/adolescents; New Hyde Park; 718-470-3636
COHEN

HOWARD GINSBURG
Neonatal surgery, tumor surgery, pediatric urology, gastrointestinal surgery; New York; 212-263-7391
NYU LANGONE

DOMINIQUE JAN
Transplant–bowel, transplant–liver, transplant surgery–pediatric; the Bronx; 718-920-7200
MONTEFIORE

KEITH KUENZLER
Minimally invasive surgery, neonatal surgery, congenital anomalies; Hackensack; 551-996-2921
HACKENSACK

MICHAEL LA QUAGLIA
Cancer surgery, neuroblastoma, liver cancer, Wilms' tumor; New York; 212-639-7002
SLOAN-KETTERING

WILLIAM MIDDLESWORTH
Neonatal surgery; New York; 212-342-8585
NY PRES-MORGAN STANLEY

PETER MIDULLA
Hernia, gastrointestinal surgery, minimally invasive surgery, neonatal surgery; New York; 212-241-1608
MT SINAI

NITSANA SPIGLAND
Pediatric cancers, minimally invasive surgery, pediatric thoracic surgery, neonatal surgery; New York; 212-746-5648
NY PRES-WEILL CORNELL

MINDY STATTER
Neonatal surgery, trauma; the Bronx; 718-920-7200
MONTEFIORE

STEVEN STYLIANOS
Trauma, neonatal surgery, chest-wall deformities, congenital anomalies; New York; 212-342-8586
NY PRES-MORGAN STANLEY

JOSEPH BARONE
Robotic surgery–pediatric, urinary reconstruction, incontinence, hypospadias; Somerset; 732-235-7960
RWJ

PASQUALE CASALE
Genitourinary reconstruction, minimally invasive surgery–pediatric, genital reconstruction–pediatric, robotic surgery–pediatric; New York; 212-305-9918
NY PRES-MORGAN STANLEY

ISRAEL FRANCO
Voiding dysfunction–pediatric, laparoscopic surgery, prune-belly syndrome, neurogenic bladder; Tarrytown; 914-493-8628
WESTCHESTER

JORDAN GITLIN
Reconstructive surgery, minimally invasive surgery, varicocele; Lake Success; 516-466-6953
COHEN

GRACE HYUN
Hypospadias, varicocele, undescended testis, minimally invasive surgery; New York; 212-241-4812
MT SINAI

DIX POPPAS
Genital reconstruction–pediatric, robotic surgery–pediatric, minimally invasive surgery–pediatric, congenital anomalies–genitourinary; New York; 212-746-5337
NY PRES-WEILL CORNELL

ELLEN SHAPIRO
Genitourinary congenital anomalies, fetal urology, genital reconstruction–pediatric, hypospadias; New York; 646-825-6326
NYU LANGONE

JEFFREY STOCK
Robotic surgery–pediatric, minimally invasive surgery–pediatric, hypospadias; West Orange; 973-325-7188
NEWARK BETH ISRAEL

PHYSICAL MEDICINE AND REHABILITATION

ANNE AMBROSE
Brain-injury rehabilitation, stroke, spasticity management; New York; 212-241-6335
MT SINAI

ALLISON AVERILL
Neuro-rehabilitation, brain-injury rehabilitation, stroke rehabilitation, acupuncture; Saddle Brook; 201-368-6043
KESSLER INSTITUTE FOR REHABILITATION–SADDLE BROOK

JOSEPH FEINBERG
Electrodiagnosis, peripheral neuropathy, spine and nerve injuries; New York; 212-606-1568
HOSP SPECIAL SURGERY

STEVEN FLANAGAN
Brain-injury rehabilitation, concussion; New York; 212-263-6037
NYU LANGONE

EDWIN GANGEMI
Musculoskeletal disorders, pain–back and neck; Belleville; 973-844-9220
CLARA MAASS MEDICAL CENTER

ROBERT GOTLIN
Sports medicine, running injuries, pain–coccyx, pain–knee and shoulder; New York; 646-935-2255
MT SINAI BETH ISRAEL

JEFFREY HEFTLER
Pain management, spinal rehabilitation, pain–interventional techniques, sports injuries; Greenwich; 203-869-1145
GREENWICH

HEAKYUNG KIM
Pediatric rehabilitation, neuromuscular disorders, stroke rehabilitation, musculoskeletal disorders; New York; 212-305-3535
NY PRES-MORGAN STANLEY

STEVEN KIRSHBLUM
Spinal-cord injury, spasticity management; West Orange; 973-731-3600
KESSLER-W ORANGE

ALEXANDER LEE
Pain management, pain–neck, pain–low back, spinal rehabilitation; New York; 212-241-8947
MT SINAI

DONALD LISS
Pain–back, sports medicine, osteoarthritis; Englewood; 201-567-2277
NY PRES-COLUMBIA

HOWARD LISS
Pain management; Englewood; 201-567-2277
NY PRES-COLUMBIA

GREGORY LUTZ
Spinal rehabilitation, sports medicine, pain–low back; New York; 212-606-1648
HOSP SPECIAL SURGERY

ALEX MOROZ
Integrative medicine, acupuncture, musculoskeletal disorders, stroke rehabilitation; New York; 212-501-7277
NYU LANGONE

MICHAEL NEELY
Sports medicine, spinal rehabilitation, pain–knee and shoulder, osteoarthritis; New York; 212-750-1110
NYU LANGONE

MICHAEL O'DELL
Brain-injury rehabilitation, stroke rehabilitation, multiple sclerosis; New York; 212-746-1500
NY PRES-WEILL CORNELL

CONTINUED

Specialists

JENNIFER SOLOMON
Spinal rehabilitation, sports injuries; New York; 212-606-1720
HOSP SPECIAL SURGERY

JOEL STEIN
Stroke rehabilitation, neurologic rehabilitation, spasticity management; New York; 212-305-3535
NY PRES-COLUMBIA

MICHAEL STUBBLEFIELD
Cancer rehabilitation, pain–cancer, pain–neuropathic, spasticity management; West Orange; 973-243-6999
KESSLER-W ORANGE

VIJAY VAD
Pain–back, pain–knee and shoulder, sports medicine–golf and tennis injuries, joint pain–minimally invasive therapy; New York; 212-606-1306
HOSP SPECIAL SURGERY

GERARD VARLOTTA
Sports medicine, pain–musculoskeletal, spinal rehabilitation, pain–spine; New York; 212-725-1800
NYU LANGONE

PLASTIC SURGERY

JEFFREY ASCHERMAN
Breast cosmetic and reconstructive surgery, craniofacial surgery, cleft palate/lip; New York; 212-305-9612
NY PRES-COLUMBIA

ERNEST CHIU
Reconstructive surgery, wound healing/care, skin cancer, cosmetic surgery; New York; 212-598-6500
NYU LANGONE

MIHYE CHOI
Breast reconstruction, liposuction and body contouring, cosmetic surgery–breast, cosmetic surgery–face; New York; 212-355-5779
NYU LANGONE

PETER CORDEIRO
Microsurgery, breast reconstruction, facial plastic and reconstructive surgery, cancer reconstruction; New York; 212-639-2521
SLOAN-KETTERING

ALEXANDER DAGUM
Reconstructive plastic surgery, cleft palate/lip, hand surgery, microsurgery; East Setauket; 631-444-4666
STONY BROOK

THOMAS DAVENPORT
Cosmetic and reconstructive surgery, burns–reconstructive plastic surgery, wound healing/care; Garden City; 516-742-3404
WINTHROP

JOSEPH DISA
Cancer reconstruction, breast reconstruction, head and neck reconstruction, microsurgery; New York; 212-639-5022
SLOAN-KETTERING

EVAN GARFEIN
Breast cosmetic and reconstructive surgery, microsurgery; the Bronx; 718-405-8444
MONTEFIORE

LLOYD GAYLE
Breast reconstruction and augmentation, cosmetic surgery–face and body, liposuction and body contouring, microsurgery; New York; 212-452-5121
NY PRES-WEILL CORNELL

NORMAN GODFREY
Rhinoplasty, nasal reconstruction, nasal surgery; New York; 212-628-6600
NY PRES-WEILL CORNELL

PHILIP GODFREY
Breast cosmetic and reconstructive surgery, liposuction and body contouring, abdominoplasty, congenital breast anomalies; New York; 212-628-6600
NY PRES-WEILL CORNELL

DAVID HIDALGO
Cosmetic surgery–face, cosmetic surgery–breast, rhinoplasty; New York; 212-517-9777
NY PRES-WEILL CORNELL

LLOYD HOFFMAN
Cosmetic surgery–face, liposuction and body contouring, breast reconstruction, facial rejuvenation; New York; 212-861-1640
NY PRES-WEILL CORNELL

MATTHEW KAUFMAN
Rhinoplasty, rhinoplasty revision, cosmetic surgery–breast, peripheral-nerve surgery; Somerville; 908-927-8993
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL-SOMERSET

ADAM KOLKER
Cosmetic surgery–breast, breast reconstruction, abdominoplasty, body contouring after weight loss; New York; 212-744-6500
MT SINAI

ANTHONY LABRUNA
Cosmetic surgery–face, facial plastic and reconstructive surgery, rhinoplasty revision, facial deformities/reconstruction; New York; 212-584-7001
NY PRES-WEILL CORNELL

LYLE LEIPZIGER
Cosmetic surgery–face and eyes, cosmetic surgery–breast, breast reconstruction, liposuction and body contouring; Great Neck; 516-465-8787
N SHORE

JAMIE LEVINE
Microsurgery, head and neck reconstruction, facial plastic and reconstructive surgery, breast cosmetic and reconstructive surgery; New York; 212-263-8452
NYU LANGONE

DAVID OTTERBURN
Reconstructive microsurgery, breast cosmetic and reconstructive surgery, facial plastic and reconstructive surgery, liposuction and body contouring; New York; 212-821-0634
NY PRES-WEILL CORNELL

EDUARDO RODRIGUEZ
Facial plastic and reconstructive surgery, transplant–face, craniofacial surgery/reconstruction, maxillofacial surgery; New York; 646-501-4481
NYU LANGONE

ELLIOTT ROSE
Facial paralysis reconstruction, cosmetic surgery–face and body, burns–reconstructive plastic surgery, microsurgery; New York; 212-639-1346
MT SINAI

DOUGLAS ROTH
Cosmetic surgery–face, breast cosmetic and reconstructive surgery, facial plastic and reconstructive surgery, cancer reconstruction; Mt. Kisco; 914-242-5647
N WESTCHESTER

JOHN SHERMAN
Cosmetic surgery–face, liposuction and body contouring, facial plastic and reconstructive surgery, breast cosmetic and reconstructive surgery; New York; 212-535-2300
NY PRES-WEILL CORNELL

MARK SMITH
Breast reconstruction, craniofacial surgery–pediatric, cleft palate/lip, lymphedema; New York; 212-844-8796
MT SINAI BETH ISRAEL

JASON SPECTOR
Reconstructive surgery–complex, breast cosmetic and reconstructive surgery, cosmetic surgery–face and body, abdominal wall reconstruction; New York; 212-746-4532
NY PRES-WEILL CORNELL

DAVID STAFFENBERG
Maxillofacial and craniofacial surgery, pediatric plastic surgery, cleft palate/lip, cosmetic and reconstructive surgery; New York; 212-263-8065
NYU LANGONE

MARK SULTAN
Cosmetic surgery–face, cosmetic surgery–breast, breast reconstruction, liposuction and body contouring; New York; 212-360-0700
MT SINAI ROOSEVELT

MICHAEL SUZMAN
Rhinoplasty, facial plastic and reconstructive surgery, breast cosmetic and reconstructive surgery; Rye; 914-848-8880
GREENWICH

PETER TAUB
Pediatric plastic surgery, craniofacial surgery, maxillofacial surgery, cleft palate/lip; New York; 212-241-4178
MT SINAI

CHARLES THORNE
Cosmetic surgery–face, ear reconstruction/microtia, ear reshaping (otoplasty), craniofacial surgery; New York; 212-794-0044
NYU LANGONE

JESS TING
Breast reconstruction, cosmetic surgery, hand surgery; New York; 212-241-4178
MT SINAI

FREDERICK VALAURI
Cosmetic and reconstructive surgery, cosmetic surgery–face and body, microsurgery, hand surgery; New York; 212-439-0080
LH MANHATTAN EYE

RICHARD WINTERS
Cosmetic and reconstructive surgery, rhinoplasty, cosmetic surgery–face and breast, breast reconstruction; Maywood; 201-487-3400
HACKENSACK

PSYCHIATRY

EVELYN ATTIA
Eating disorders, obesity, mood disorders; New York; 646-774-8085
NY PRES-COLUMBIA

PHILIP BIALER
Psychiatry in physical illness, psychiatry in head and neck cancer; New York; 646-888-0009
SLOAN-KETTERING

WILLIAM BREITBART
Psychiatry in cancer, AIDS-related cancers, pain–cancer, palliative care; New York; 646-888-0020
SLOAN-KETTERING

HAROLD BRONHEIM
Body-image issues, relationship problems, psychiatry in physical illness, anxiety and depression; New York; 212-996-5777
MT SINAI

DEBORAH CABANISS
Psychoanalysis, psychodynamic psychotherapy; New York; 646-774-6335
NY PSYCHIATRIC

DIEGO COIRA
Psychosomatic disorders; Hackensack; 551-996-3428
HACKENSACK

JESSY COLAH
Geriatric psychiatry, depression; Brooklyn; 718-780-3771
NY METHODIST

REBECCA DULIT
Personality disorders–borderline, special needs–parental therapy, anxiety disorders, depression; Scarsdale; 914-722-0608
NY PRES-WESTCHESTER

RICHARD FRIEDMAN
Psychopharmacology, anxiety and mood disorders, depression; New York; 212-746-5775
NY PRES-WEILL CORNELL

DAVID GINSBERG
Depression, bipolar/mood disorders, anxiety disorders, psychopharmacology; New York; 212-263-7419
NYU LANGONE

JOSEPH GOLDBERG
Bipolar/mood disorders, psychopharmacology, anxiety and depression, cognitive psychotherapy; Norwalk; 203-854-9607
MT SINAI

DAVID GOLDENBERG
HIV psychiatry, psychoanalysis, gender issues, psychiatry in cancer; New York; 212-717-4834
NY PRES-WEILL CORNELL

ERIC HOLLANDER
Obsessive-compulsive disorder, anxiety disorders, autism, body dysmorphic disorder; New York; 212-873-4051
MONTEFIORE

CHARLES KELLNER
Electroconvulsive therapy, depression, geriatric psychiatry; New York; 212-659-8285
MT SINAI

DOLORES MALASPINA
Anxiety disorders, depression, trauma psychiatry; New York; 718-877-5708
NYU LANGONE

ALAN MANEVITZ
Marital/family/sex therapy, depression–TMS therapy, ADD/PTSD, fibromyalgia syndrome; New York; 212-751-5072
NY PRES-WEILL CORNELL

DEBORAH MARIN
Memory disorders, depression, depression in the elderly, geriatric psychiatry; New York; 212-659-8092
MT SINAI

MARY JANE MASSIE
Psychiatry in breast cancer; New York; 646-888-0181
SLOAN-KETTERING

PATRICK MCGRATH
Psychopharmacology–consultation, depression–consultation; New York; 646-774-8076
NY PRES-COLUMBIA

EDWARD NUNES
Depression, substance abuse; New York; 212-579-0339
NY PSYCHIATRIC

BRADFORD PERRY
Anxiety and mood disorders, psychopharmacology; Scarsdale; 914-472-2167
NY PRES-WESTCHESTER

MAURICE PRETER
Neuro-psychiatry, bipolar/mood disorders, panic disorder, personality disorders; New York; 212-713-5336
NY PRES-COLUMBIA

STEVEN ROOSE
Depression in the elderly, psychoanalysis; New York; 212-831-8644
NY PSYCHIATRIC

JESSE ROSENTHAL
ADD/ADHD, anxiety disorders, depression; New York; 212-876-3080
MT SINAI BETH ISRAEL

ANDREW ROTH
Psychiatry of prostate cancer, geriatric psychiatry; New York; 646-888-0024
SLOAN-KETTERING

BRUCE SCHWARTZ
Depression, bipolar/mood disorders, schizophrenia, anxiety and depression; the Bronx; 718-920-4040
MONTEFIORE

PETER SHAPIRO
Depression, psychiatry in physical illness, liaison psychiatry; New York; 212-874-6030
NY PRES-COLUMBIA

STEPHEN SNYDER
Relationship Problems, couples therapy, sexual dysfunction; New York; 212-875-9800
MT SINAI

PULMONARY DISEASE

SAMUEL ACQUAH
Bronchoscopy, sarcoidosis, lung cancer, cough–chronic; New York; 212-420-2365
MT SINAI BETH ISRAEL

DOREEN ADDRIZZO-HARRIS
Bronchoscopy, tuberculosis, lung cancer, interstitial lung disease; New York; 212-263-7951
NYU LANGONE

SERGIO BURES
Lung cancer, bronchoscopy, asthma and emphysema; Katonah; 914-232-3135
N WESTCHESTER

ANGELA DIMANGO
Sarcoidosis, interstitial lung disease, bronchiectasis, asthma and emphysema; New York; 212-305-5730
NY PRES-COLUMBIA

BRIAN GELBMAN
Asthma, chronic obstructive lung disease (COPD), lung cancer; New York; 212-628-6611
NY PRES-WEILL CORNELL

JAMES KRINSLEY
Asthma, emphysema, critical care; Stamford; 203-348-2437
STAMFORD

YIZHAK KUPFER
Sleep and snoring disorders, sleep apnea; Brooklyn; 718-283-8187
MAIMONIDES

SELWYN LEVINE
COPD, lung cancer, asthma, pneumonia; Englewood; 201-871-3636
HOLY NAME

JOSEPH LOWY
Lung cancer, palliative care, COPD, pulmonary fibrosis; New York; 212-263-6202
NYU LANGONE

THEODORE MANIATIS
Asthma, lung cancer, COPD, interstitial lung disease; Staten Island; 718-980-5700
SI-NORTH

BUSHRA MINA
New York; 212-794-2800
LENOX HILL

ALAN MULTZ
Respiratory distress syndrome, COPD, critical-care medicine, sepsis; New York; 212-523-9422
MT SINAI ST. LUKE'S

MARIA PADILLA
Sarcoidosis, pulmonary hypertension, cystic fibrosis; New York; 212-241-5656
MT SINAI

ANTHONY SALEH
Asthma, interstitial lung disease, COPD, lung cancer; Brooklyn; 718-745-1200
NY METHODIST

BARBARA SCHULTZ
New York; 212-517-8680
MT SINAI

BYRON THOMASHOW
Emphysema and asthma, respiratory failure, COPD, interstitial lung disease; New York; 212-305-5261
NY PRES-COLUMBIA

EMANUEL WURM
COPD, asthma, interstitial lung disease, sarcoidosis; White Plains; 914-682-6511
WHITE PLAINS

MARK ZIMMERMAN
Critical-care medicine, asthma and allergy, COPD; Summit; 908-934-0555
OVERLOOK

RADIATION ONCOLOGY

KALED ALEKTIAR
Gynecologic cancers, sarcoma–soft tissue, bone cancer, melanoma; New York; 212-639-7981
SLOAN-KETTERING

HANI ASHAMALLA
Stereotactic body radiotherapy, prostate cancer, breast cancer; Brooklyn; 718-780-3677
NY METHODIST

MANJEET CHADHA
Breast cancer, gynecologic cancers, intensity-modulated radiotherapy (IMRT); New York; 212-844-8022
MT SINAI BETH ISRAEL

BERNADINE DONAHUE
Brain tumors, pediatric cancers; Brooklyn; 718-765-2700
MAIMONIDES

ANDREW EVANS
Breast cancer, lung cancer, thoracic cancers; New York; 212-523-7166
MT SINAI ROOSEVELT

SILVIA FORMENTI
Breast cancer, chemo-radiation combined therapy; New York; 212-263-2601
NYU LANGONE

MADHUR GARG
Head and neck cancer, genitourinary cancer, central-nervous-system cancer, brain and spinal-cord tumors; the Bronx; 718-920-7750
MONTEFIORE

GLEN GEJERMAN
Prostate cancer, breast cancer, image-guided radiotherapy, brachytherapy; Hackensack; 551-996-2464
HACKENSACK

ALISON GRANN
Breast cancer, brain tumors; Livingston; 973-322-5638
ST BARNABAS

CHANDAN GUHA
Radioimmunotherapy of cancer; the Bronx; 718-405-8550
MONTEFIORE-EINSTEIN

BRUCE HAFFTY
Breast cancer, head and neck cancer; New Brunswick; 732-253-3939
RWJ

CONTINUED

Specialists

KENNETH HU
Head and neck cancer, gastrointestinal cancer, brachytherapy; New York; 212-731-5306
NYU LANGONE

NANCY LEE
IMRT, head and neck cancer, thyroid cancer, nasopharyngeal cancer; New York; 212-639-3341
SLOAN-KETTERING

FRANK MASINO
Breast cancer, prostate cancer, brachytherapy, stereotactic radiosurgery; Stamford; 203-276-7886
STAMFORD

BERYL MCCORMICK
Breast cancer, eye tumors/cancer; New York; 212-639-6828
SLOAN-KETTERING

BHUPESH PARASHAR
Head and neck cancer, lung cancer; New York; 212-746-3612
NY PRES–WEILL CORNELL

RANDY STEVENS
Breast cancer; White Plains; 914-681-2727
WHITE PLAINS

RICHARD STOCK
Prostate cancer, urologic cancer, IMRT; New York; 212-772-2130
MT SINAI

ALFRED TINGER
Prostate cancer, breast cancer, skin cancer, gynecologic cancers; Mt. Kisco; 914-242-8115
N WESTCHESTER

SUZANNE WOLDEN
Pediatric cancers, sarcoma–soft tissue, brain tumors, head and neck cancer; New York; 212-639-5148
SLOAN-KETTERING

JOACHIM YAHALOM
Lymphoma, Hodgkin's lymphoma, multiple myeloma; New York; 212-639-5999
SLOAN-KETTERING

MICHAEL ZELEFSKY
Prostate cancer, brachytherapy, head and neck cancer; New York; 212-639-3716
SLOAN-KETTERING

REPRODUCTIVE ENDOCRINOLOGY

JESSICA BROWN
Infertility–IVF, polycystic ovarian syndrome, menopause problems; New York; 212-639-9122
NYU LANGONE

SERENA CHEN
Infertility–IVF, laparoscopic surgery, hysteroscopic surgery, fertility preservation in cancer; Livingston; 973-322-8286
ST BARNABAS

ALAN COPPERMAN
Fertility preservation in cancer, infertility, infertility–female, infertility–IVF; New York; 212-756-5777
MT SINAI

ERIC FLISSER
Infertility–IVF, polycystic ovarian syndrome, preimplantation genetic diagnosis, gynecologic surgery; New York; 212-756-5777
LENOX HILL

RICHARD GRAZI
Infertility–IVF, preimplantation genetic diagnosis, fertility preservation in cancer, infertility–advanced maternal age; Brooklyn; 718-283-8600
MAIMONIDES

JAMES GRIFO
Preimplantation genetic diagnosis, fertility preservation in cancer, hysteroscopic surgery, laparoscopic surgery; New York; 212-263-7978
NYU LANGONE

LAWRENCE GRUNFELD
Infertility–IVF, fertility preservation; New York; 212-756-5777
MT SINAI

JOSHUA HURWITZ
Infertility–IVF, hormonal disorders, endometriosis; Danbury; 203-750-7400
DANBURY HOSPITAL

DAVID KEEFE
Infertility–IVF, infertility–advanced maternal age; New York; 212-263-3360
NYU LANGONE

GEORGE KOFINAS
Infertility–IVF, fertility preservation, robotic-assisted laparoscopic surgery, hysteroscopic surgery; Brooklyn; 718-780-5065
NY METHODIST

CRISTINA MATERA
Infertility, miscarriage–recurrent, laparoscopic surgery, endometriosis; New York; 212-639-9122
NY PRES–COLUMBIA

PETER MCGOVERN
Infertility–IVF, fertility preservation in cancer; Hasbrouck Heights; 201-288-6330
HACKENSACK

JANE MILLER
Infertility–IVF, laparoscopic surgery, hysteroscopic surgery; Englewood Cliffs; 201-871-1999
HOLY NAME

TANMOY MUKHERJEE
Infertility–IVF, endometriosis, uterine fibroids; New York; 212-756-5777
MT SINAI

SAMANTHA PFEIFER
Infertility–female, fertility preservation, laparoscopic surgery, congenital anomalies–gynecologic; New York; 646-962-7499
NY PRES–WEILL CORNELL

ZEV ROSENWAKS
Infertility–IVF, genetic disorders, fertility preservation in cancer; New York; 646-962-3743
NY PRES–WEILL CORNELL

MARK SAUER
Infertility–IVF, fertility preservation in cancer; New York; 646-756-8282
NY PRES–COLUMBIA

RICHARD SCOTT
Infertility, infertility–IVF, fertility preservation in cancer; Basking Ridge; 908-604-7800
MORRISTOWN

DANIEL STEIN
Infertility–IVF, polycystic ovarian syndrome, laparoscopic surgery, hormonal disorders; New York; 212-523-7751
MT SINAI ROOSEVELT

RHEUMATOLOGY

YOUSAF ALI
Gout, osteoporosis, Bechet's syndrome; New York; 212-241-1671
MT SINAI

ANNE BASS
Lupus/SLE, Lyme disease, rheumatoid arthritis, vasculitis; New York; 212-774-7043
HOSP SPECIAL SURGERY

OLGA BELOSTOTSKY
Autoimmune disorders, asthma, food and drug allergy, immunodeficiency disorders; New York; 646-688-3443
LENOX HILL

JILL BUYON
Lupus/SLE in pregnancy, lupus/SLE in menopause; New York; 646-501-7400
HOSP JOINT DISEASES

JEFF CHUNG
Arthritis, autoimmune disease, inflammatory arthritis, musculoskeletal disorders; Emerson; 201-967-8221
VALLEY

PETROS EFTHIMIOU
Rheumatoid arthritis, autoimmune disease, psoriatic arthritis, spondyloarthropathies; Brooklyn; 718-622-3563
NY METHODIST

HARRY FISCHER
Lupus/SLE, rheumatoid arthritis, vasculitis; New York; 212-844-8101
MT SINAI BETH ISRAEL

BRIAN GOLDEN
Rheumatoid arthritis; New York; 646-501-7400
NYU LANGONE

MARK HOROWITZ
Lupus/SLE, rheumatoid arthritis, fibromyalgia; New York; 212-860-3077
MT SINAI

GILBERT KEPECS
Hackensack; 201-498-9060
HACKENSACK

LESLIE KERR
Connective-tissue disorders, geriatric rheumatology, gout, rheumatoid arthritis; New York; 212-241-1671
MT SINAI

STEVEN MAGID
Rheumatoid arthritis, osteoarthritis, Lyme disease, polymyalgia rheumatica; New York; 212-606-1060
HOSP SPECIAL SURGERY

PAULA MARCHETTA
Rheumatoid arthritis, psoriatic arthritis, Sjogren's syndrome, osteoarthritis; New York; 212-696-5415
NYU LANGONE

ELIZABETH MAYER
Autoimmune rheumatic disorders; New York; 212-305-5213
NY PRES–COLUMBIA

KATHERINE NICKERSON
Lupus/SLE, rheumatoid arthritis, vasculitis; New York; 212-305-4308
NY PRES–COLUMBIA

PAULA RACKOFF
Osteoporosis, Sjogren's syndrome, arthritis, lupus/SLE; New York; 646-501-7400
NYU LANGONE

ELLIOT ROSENSTEIN
Rheumatoid arthritis, lupus/SLE, Sjogren's syndrome, Bechet's syndrome; Summit; 908-598-7940
OVERLOOK

CARL SCHIFF
Rheumatoid arthritis, osteoporosis; Brooklyn; 718-283-8519
MAIMONIDES

SERGIO SCHWARTZMAN
Lupus/SLE, Raynaud's disease, inflammatory arthritis, vasculitis; New York; 212-606-1557
HOSP SPECIAL SURGERY

BRUCE SOLITAR
Arthritis, fibromyalgia, Reiter's syndrome, retroperitoneal fibrosis; New York; 212-889-7217
NYU LANGONE

GARY SOLOMON
Psoriatic/rheumatoid arthritis, autoimmune disease; New York; 646-501-7400
NYU LANGONE

ROBERT SPIERA
Vasculitis, lupus/SLE, scleroderma, Sjogren's syndrome; New York; 212-860-4000
HOSP SPECIAL SURGERY

SPORTS MEDICINE

FRANCIS ALBERTA
Elbow reconstruction, shoulder and knee injuries, knee injuries; Glen Rock; 201-493-8990
HACKENSACK

DAVID ALTCHEK
Shoulder surgery, elbow surgery, knee surgery, arthroscopic surgery; New York; 212-606-1909
HOSP SPECIAL SURGERY

ADAM COHEN
Arthroscopic surgery, knee injuries/ACL/meniscus tears, rotator-cuff surgery, shoulder and knee injuries; New York; 212-641-4500
MT SINAI ROOSEVELT

ROBIN GEHRMANN
Cartilage damage and transplant, knee ligament reconstruction, shoulder injuries, arthroscopic surgery; Millburn; 973-689-6266
U NEWARK

BRIAN HALPERN
Primary-care sports medicine, knee/shoulder injuries, overuse injuries; New York; 212-606-1329
HOSP SPECIAL SURGERY

ELLIOTT HERSHMAN
Knee injuries, knee surgery, arthroscopic surgery, ligament reconstruction; New York; 212-744-8114
LENOX HILL

WILLIAM LEVINE
Arthroscopic surgery, shoulder and elbow surgery; New York; 212-305-0762
NY PRES–COLUMBIA

LEWIS MAHARAM
Primary-care sports medicine, running injuries, pain–back, musculoskeletal injuries; New York; 212-765-5763
MT SINAI

JORDAN METZL
Adolescent sports medicine, running injuries, dance/ballet injuries; New York; 212-606-1678
HOSP SPECIAL SURGERY

RON NOY
Knee-ligament reconstruction, knee injuries/ACL/meniscus tears; New York; 646-862-0180
MT SINAI BETH ISRAEL

SCOTT RODEO
Knee injuries, cartilage damage, shoulder surgery; New York; 212-606-1513
HOSP SPECIAL SURGERY

JEFFREY ROSEN
Pediatric sports medicine; Fresh Meadows; 866-670-6824
NY HOSP QUEENS

NEIL ROTH
Shoulder surgery, rotator-cuff surgery, knee surgery, fractures; New York; 212-861-2300
LENOX HILL

ARUNA SENEVIRATNE
Shoulder surgery, rotator-cuff surgery, elbow surgery, knee surgery; New York; 212-960-8887
LENOX HILL

SETH SHIFRIN
Primary-care sports medicine, pediatric sports medicine; Mt. Kisco; 914-241-1050
N WESTCHESTER

ERIC SMALL
Primary-care sports medicine, concussion; Mt. Kisco; 914-666-7900
N WESTCHESTER

THOMAS WICKIEWICZ
Knee injuries/ACL, shoulder surgery, rotator-cuff surgery, cartilage damage and transplant; New York; 212-606-1450
HOSP SPECIAL SURGERY

RILEY WILLIAMS
Cartilage damage and transplant, shoulder arthroscopic surgery, knee injuries/ACL, knee surgery; New York; 212-606-1855
HOSP SPECIAL SURGERY

SURGERY

HARRY ADLER
Biliary surgery, laparoscopic surgery, hernia, colon surgery; Brooklyn; 718-283-7952
MAIMONIDES

THOMAS AHLBORN
Gastrointestinal surgery, laparoscopic surgery, gallbladder surgery; Glen Rock; 201-444-5757
VALLEY

PETER ALLEN
Pancreatic cancer/surgery, liver cancer, gastrointestinal cancer; New York; 212-639-5132
SLOAN-KETTERING

ANDREW ASHIKARI
Breast cancer, breast disease, nipple-sparing mastectomy; Dobbs Ferry; 914-693-5025
ST JOHN'S RIVERSIDE

PHILIP BARIE
Trauma, critical care, hernia, gastrointestinal surgery; New York; 212-746-5401
NY PRES–WEILL CORNELL

RUSSELL BERMAN
Melanoma, gastrointestinal cancer, sarcoma–soft tissue, liver cancer; New York; 212-731-5415
NYU LANGONE

STEPHANIE BERNIK
Breast cancer and surgery, breast disease, phyllodes tumors, angiosarcoma; New York; 212-434-6900
LENOX HILL

MARC BESSLER
Obesity/bariatric surgery, laparoscopic surgery, gastrointestinal metabolic surgery, GERD; New York; 212-305-9506
NY PRES–COLUMBIA

MARY BRADY
Melanoma, Merkel-cell carcinoma, sarcoma–soft tissue; New York; 646-497-9072
SLOAN-KETTERING

JOHN CHABOT
Liver and biliary surgery, pancreatic cancer, pancreatic surgery, thyroid and parathyroid surgery; New York; 212-305-9468
NY PRES–COLUMBIA

EDWARD CHIN
Minimally invasive surgery, gastrointestinal surgery, hernia, colon and rectal cancer and surgery; New York; 212-241-2115
MT SINAI

DANIEL COIT
Melanoma, skin cancer, sentinel-node surgery; New York; 212-639-8411
SLOAN-KETTERING

RONALD DEMATTEO
Liver cancer, gallbladder and biliary cancer, pancreatic cancer, pancreatic surgery; New York; 212-639-5726
SLOAN-KETTERING

CELIA DIVINO
Hernia, gastrointestinal surgery, gallbladder surgery, laparoscopic surgery; New York; 212-241-3348
MT SINAI

JEAN EMOND
Transplant–liver, liver cancer, liver and biliary cancer, hepatobiliary surgery; New York; 212-305-9691
NY PRES–COLUMBIA

ALISON ESTABROOK
Breast cancer, breast surgery, breast cancer–high-risk women; New York; 212-523-7500
MT SINAI ROOSEVELT

THOMAS FAHEY
Endocrine surgery, pheochromocytoma, pancreatic cancer, minimally invasive surgery; New York; 212-746-5130
NY PRES–WEILL CORNELL

ALEXANDRA HEERDT
Breast cancer; New York; 646-888-5253
SLOAN-KETTERING

BRIAN JACOB
Hernia, obesity/bariatric surgery, laparoscopic surgery; New York; 212-879-6677
MT SINAI

WILLIAM JARNAGIN
Hepatobiliary surgery, liver cancer, pancreatic cancer, gallbladder and biliary cancer; New York; 212-639-7601
SLOAN-KETTERING

MARTIN KARPEH
Gastrointestinal cancer, esophageal cancer, pancreatic cancer, liver cancer; Hackensack; 551-996-2959
HACKENSACK

TOMOAKI KATO
Transplant–liver, transplant surgery–pediatric, transplant–multi-organ, transplant–auto-transplantation; New York; 212-305-5101
NY PRES–COLUMBIA

MILAN KINKHABWALA
Transplant–liver, hepatobiliary surgery, liver and biliary surgery; the Bronx; 718-920-6659
MONTEFIORE

DANIEL LABOW
Pancreatic cancer, gastrointestinal cancer, liver cancer; New York; 212-241-2891
MT SINAI

JAMES LEE
Adrenal surgery, endocrine cancers, thyroid and parathyroid cancer and surgery, pancreatic surgery; New York; 212-305-0444
NY PRES–COLUMBIA

MAUD LEMERCIER
Breast cancer; Katonah; 914-232-3135
N WESTCHESTER

STEVEN LIBUTTI
Neuroendocrine tumors, gastrointestinal cancer; the Bronx; 718-862-8840
MONTEFIORE–EINSTEIN

MICHAEL LIEBERMAN
Gastrointestinal cancer, colon and rectal cancer and surgery, hepatobiliary surgery, pancreatic cancer; New York; 212-746-5434
NY PRES–WEILL CORNELL

W. SCOTT MELVIN
Liver and biliary surgery, pancreatic cancer, hepatobiliary cancer, minimally invasive surgery; the Bronx; 718-920-4800
MONTEFIORE

FABRIZIO MICHELASSI
Gastrointestinal

CONTINUED →

Specialists

cancer, Crohn's disease, ulcerative colitis, colon cancer; New York; 212-746-6006
NY PRES-WEILL CORNELL

CHRISTOPHER MILLS
Breast cancer, breast surgery; New York; 212-604-6006
MT SINAI BETH ISRAEL

MONICA MORROW
Breast cancer; New York; 646-497-9064
SLOAN-KETTERING

ELLIOT NEWMAN
Gastrointestinal cancer, robotic surgery, liver and biliary cancer, colon and rectal cancer; New York; 212-731-5466
NYU LANGONE

RICHARD NITZBERG
Vascular surgery, vein disorders, hernia, gallbladder surgery; Berkeley Heights; 908-277-8950
OVERLOOK

H. LEON PACHTER
Gastrointestinal surgery, pancreatic cancer, colon cancer, minimally invasive surgery; New York; 212-263-7302
NYU LANGONE

PHILIP PATY
Colon and rectal cancer, gastrointestinal cancer, pelvic tumors; New York; 212-639-6703
SLOAN-KETTERING

ALFONS POMP
Obesity/bariatric surgery, laparoscopic abdominal surgery, hernia; New York; 212-746-5294
NY PRES-WEILL CORNELL

ELISA PORT
Breast cancer and surgery, sentinel-node surgery, nipple-sparing mastectomy, breast cancer–male; New York; 212-241-3806
MT SINAI

DANIEL ROSES
Breast cancer, melanoma, thyroid and parathyroid surgery; New York; 212-263-7330
NYU LANGONE

FREYA SCHNABEL
Breast cancer, breast cancer–high-risk women; New York; 212-731-5367
NYU LANGONE

PARESH SHAH
Laparoscopic surgery, obesity/bariatric surgery, minimally invasive surgery; New York; 212-263-7302
NYU LANGONE

RICHARD SHAPIRO
Breast cancer, melanoma, thyroid and parathyroid surgery, cancer surgery; New York; 212-731-5347
NYU LANGONE

MIGUEL SILVA
Laparoscopic surgery, obesity/bariatric surgery, gastrointestinal surgery; the Bronx; 718-881-7800
NEWYORK-PRESBYTERIAN/LAWRENCE HOSPITAL

RACHE SIMMONS
Breast cancer, breast surgery; New York; 212-821-0853
NY PRES-WEILL CORNELL

ALEXANDER SWISTEL
Breast cancer and surgery, cancer reconstruction, nipple-sparing mastectomy; New York; 212-821-0602
NY PRES-WEILL CORNELL

KIMBERLY VAN ZEE
Breast cancer; New York; 646-888-5241
SLOAN-KETTERING

ANTHONY VINE
Laparoscopic abdominal surgery, GERD, colon and rectal surgery; New York; 212-879-6677
MT SINAI

BARBARA WARD
Breast cancer, breast surgery, breast disease; Greenwich; 203-863-4250
GREENWICH

THORACIC AND CARDIAC SURGERY

DAVID ADAMS
Mitral-valve surgery, heart-valve surgery, aortic surgery; New York; 212-659-6820
MT SINAI

NASSER ALTORKI
Esophageal cancer, lung cancer, thoracic cancers; New York; 212-746-5156
NY PRES-WEILL CORNELL

MICHAEL ARGENZIANO
Robotic cardiac surgery, coronary-artery surgery, maze procedure for atrial fibrillation; New York; 212-305-5888
NY PRES-COLUMBIA

EMILE BACHA
Pediatric cardiac surgery, congenital heart disease, neonatal and infant cardiac surgery, minimally invasive cardiac surgery; New York; 212-305-2688
NY PRES-MORGAN STANLEY

FAIZ BHORA
Lung cancer, esophageal cancer, thoracic cancers, robotic surgery; New York; 212-523-7475
MT SINAI ROOSEVELT

THOMAS BILFINGER
Cardiac surgery–adult, lung cancer; Stony Brook; 631-444-1820
STONY BROOK

MICHAEL BORGER
Aortic-valve replacement, aortic surgery, mitral-valve minimally invasive surgery; New York; 212-305-4980
NY PRES-COLUMBIA

BERNARD CRAWFORD
Lung cancer, minimally invasive surgery, chest-wall tumors, mediastinal tumors; New York; 212-731-5580
NYU LANGONE

DAVID D'ALESSANDRO
Cardiac surgery, transplant–heart, mechanical assist devices, heart-valve surgery; the Bronx; 718-920-6515
MONTEFIORE

JOSEPH DEROSE
Robotic cardiac surgery, aortic-valve replacement, mitral-valve surgery, minimally invasive heart-valve surgery; the Bronx; 718-405-8371
MONTEFIORE-EINSTEIN

ROBERT DOWNEY
Lung cancer, thoracic cancers, mesothelioma; New York; 212-639-8124
SLOAN-KETTERING

MICHAEL EBRIGHT
Lung cancer, esophageal cancer; Stamford; 203-276-4404
STAMFORD

RAJA FLORES
Mesothelioma, lung cancer, video-assisted thoracic surgery, esophageal cancer; New York; 212-241-9466
MT SINAI

AUBREY GALLOWAY
Minimally invasive heart-valve surgery, mitral-valve surgery, coronary-artery surgery, robotic surgery; New York; 212-263-7185
NYU LANGONE

LEONARD GIRARDI
Aneurysm–aortic, cardiac surgery, Marfan syndrome; New York; 212-746-5194
NY PRES-WEILL CORNELL

LAWRENCE GLASSMAN
Lung cancer, esophageal cancer, emphysema, tracheal surgery; Great Neck; 516-918-4388
N SHORE

DANIEL GOLDSTEIN
Mechanical assist devices, transplant–heart, coronary-artery surgery, aortic surgery; the Bronx; 718-920-2144
MONTEFIORE

L. MICHAEL GRAVER
Minimally invasive cardiac surgery, coronary-artery surgery, aortic surgery, heart-valve surgery; New Hyde Park; 718-470-7460
LI JEWISH

ALAN HARTMAN
Minimally invasive heart-valve surgery, aneurysm–thoracic aortic; Manhasset; 516-562-4970
N SHORE

DAVID JONES
Lung cancer, esophageal cancer, minimally invasive thoracic surgery; New York; 212-639-6428
SLOAN-KETTERING

JAMES KLEIN
Aneurysm–thoracic aortic; Englewood; 201-894-3636
ENGLEWOOD

KARL KRIEGER
Heart-valve surgery, coronary-artery surgery, cardiac surgery–adult; New York; 212-746-5152
NY PRES-WEILL CORNELL

RICHARD LAZZARO
Robotic surgery, minimally invasive surgery, thoracic surgery, lung cancer; New York; 212-434-6833
LENOX HILL

LEONARD LEE
Coronary-artery surgery, minimally invasive cardiac surgery, heart failure, gene therapy–cardiac angiogenesis; New Brunswick; 732-235-8725
RWJ

PAUL LEE
Lung cancer, esophageal cancer, GERD, minimally invasive thoracic surgery; Flushing; 718-670-2707
NY HOSP QUEENS

ROBERT MICHLER
Heart-valve surgery, coronary-artery surgery, atrial fibrillation, aneurysm–aortic; New York; 718-920-2100
MONTEFIORE

RALPH MOSCA
Congenital heart disease–adult and child, pediatric cardiac surgery, heart-valve surgery; New York; 212-263-5989
NYU LANGONE

YOSHIFUMI NAKA
Transplant–heart, LVAD, heart failure and ventricular containment, mitral-valve surgery; New York; 212-305-0828
NY PRES-COLUMBIA

KHANH NGUYEN
Pediatric cardiac surgery, congenital heart disease–adult and child; New York; 212-659-9472
MT SINAI

BERNARD PARK
Lung cancer, esophageal cancer, mediastinal tumors, robotic surgery; New York; 646-888-3346
SLOAN-KETTERING

HARVEY PASS
Lung cancer, mesothelioma, clinical trials, robotic surgery; New York; 212-731-5414
NYU LANGONE

NIRAV PATEL
Robotic cardiac surgery, minimally invasive heart-valve surgery, coronary-artery surgery; New York; 212-434-6833
LENOX HILL

SUBROTO PAUL
Thoracic cancers, lung cancer, lung surgery, minimally invasive thoracic surgery; New York; 212-746-5156
NY PRES-WEILL CORNELL

JEFFREY PORT
Lung cancer, esophageal cancer, mesothelioma; New York; 212-746-5197
NY PRES-WEILL CORNELL

GREG RIBAKOVE
Minimally invasive cardiac surgery, heart-valve surgery, coronary-artery surgery; Brooklyn; 718-283-7686
MAIMONIDES

NEWELL ROBINSON
Minimally invasive cardiac surgery, maze procedure for atrial fibrillation, heart-valve surgery; Roslyn; 516-627-2173
ST FRANCIS

VALERIE RUSCH
Mesothelioma, lung cancer, esophageal cancer, thoracic cancers; New York; 212-639-5873
SLOAN-KETTERING

ARASH SALEMI
Heart-valve surgery, aortic-valve replacement, minimally invasive cardiac surgery; New York; 212-746-5873
NY PRES-WEILL CORNELL

SCOTT SCHUBACH
Cardiac surgery, coronary-artery surgery, heart-valve surgery, minimally invasive surgery; Mineola; 516-663-4400
WINTHROP

JASON SHAW
Minimally invasive thoracic surgery, lung cancer, esophageal cancer, mediastinal tumors; Brooklyn; 718-283-7686
MAIMONIDES

CRAIG SMITH
Mitral-valve surgery, minimally invasive cardiac surgery, robotic cardiac surgery, coronary-artery surgery; New York; 212-305-8312
NY PRES-COLUMBIA

JOSHUA SONETT
Minimally invasive thoracic surgery, transplant–lung, thoracic cancers, emphysema–lung volume reduction; New York; 212-305-3408
NY PRES-COLUMBIA

DAVID SPIELVOGEL
Aneurysm–aortic, transplant–heart, coronary-artery surgery, heart-valve surgery; Valhalla; 914-493-8793
WESTCHESTER

PAUL STELZER
Heart-valve surgery, aneurysm–thoracic aortic, aortic-valve replacement–Ross procedure; New York; 212-659-6871
MT SINAI

ALLAN STEWART
Cardiac surgery, aortic surgery–complex, aortic-valve replacement, minimally invasive heart-valve surgery; New York; 212-659-6807
MT SINAI

JAMES TAYLOR
Thoracic aortic surgery, aneurysm–aortic, minimally invasive heart-valve surgery; Stony Brook; 631-444-6590
STONY BROOK

TODD WEISER
Lung cancer, esophageal cancer, minimally invasive surgery, mediastinal tumors; White Plains; 914-681-2750
WHITE PLAINS

MATHEW WILLIAMS
Interventional cardiology, heart-valve surgery; New York; 646-501-0197
NYU LANGONE

IGNATIOS ZAIRIS
Minimally invasive thoracic surgery, lung cancer, endovascular surgery, aneurysm–thoracic aortic; Teaneck; 201-837-8282
ENGLEWOOD

UROLOGY

NATAN BAR-CHAMA
Erectile dysfunction, vasectomy reversal, varicocele microsurgery, penile prostheses; New York; 212-756-5777
MT SINAI

MITCHELL BENSON
Prostate cancer/robotic surgery, bladder cancer, kidney cancer, continent urinary diversions; New York; 212-305-0114
NY PRES-COLUMBIA

JUDD BOCZKO
Prostate cancer/robotic surgery,

robotic urologic surgery, minimally invasive urologic surgery, prostate benign disease; White Plains; 914-682-6470
GREENWICH

JONATHAN COLEMAN
Prostate cancer, kidney cancer, adrenal cancer, minimally invasive surgery; New York; 646-422-4432
SLOAN-KETTERING

KIMBERLY COOPER
Urology–female, incontinence, neuro-urology, voiding dysfunction; New York; 212-305-0114
NY PRES-COLUMBIA

JOSEPH DEL PIZZO
Laparoscopic kidney surgery, robotic surgery, kidney cancer, kidney stones; New York; 212-746-5250
NY PRES-WEILL CORNELL

JAMES EASTHAM
Prostate cancer, prostate cancer/robotic surgery; New York; 646-497-9068
SLOAN-KETTERING

HARRY FISCH
Infertility–male, microsurgery, vasectomy reversal; New York; 212-879-0800
NY PRES-WEILL CORNELL

REZA GHAVAMIAN
Urologic cancer, prostate cancer/robotic surgery, minimally invasive surgery, clinical trials; the Bronx; 718-920-8475
MONTEFIORE

IVAN GRUNBERGER
Prostate cancer, impotence, minimally invasive surgery, kidney stones; Brooklyn; 718-230-7788
NY METHODIST

MANTU GUPTA
Kidney stones, endourology, minimally invasive urologic surgery; New York; 212-241-1272
MT SINAI ROOSEVELT

STEVEN KAPLAN
Prostate disease, voiding dysfunction; New York; 646-962-4811
NY PRES-WEILL CORNELL

NICHOLAS KARANIKOLAS
Prostate cancer/robotic surgery, bladder cancer, kidney cancer, testicular cancer; Staten Island; 718-226-6031
SI-NORTH

LOUIS KAVOUSSI
Robotic surgery, urologic cancer, prostate cancer, kidney cancer; New Hyde Park; 516-734-8558
LI JEWISH

ALEXANDER KIRSCHENBAUM
Prostate/bladder/kidney cancer, bladder reconstruction; New York; 646-422-0926
MT SINAI

HERBERT LEPOR
Prostate cancer; New York; 646-825-6327
NYU LANGONE

TODD LINSENMEYER
Infertility–male in spinal-cord injury, voiding dysfunction/spinal-cord injury, urodynamics in spinal-cord injury; West Orange; 973-731-3600
KESSLER-W ORANGE

JEFFREY LUMERMAN
Prostate cancer, prostate disease, kidney stones, men's health; Lake Success; 516-622-6110
WINTHROP

JAMES MCKIERNAN
Kidney/bladder/prostate cancer, testicular cancer; New York; 212-305-5526
NY PRES-COLUMBIA

RAVI MUNVER
Robotic surgery, prostate cancer, kidney cancer, kidney stones; Hackensack; 551-996-8090
HACKENSACK

VICTOR NITTI
Urology–female, incontinence–male and female, urodynamics, voiding dysfunction; New York; 646-825-6324
NYU LANGONE

MICHAEL PALESE
Kidney cancer, laparoscopic surgery, robotic surgery, kidney stones; New York; 212-241-3868
MT SINAI

KENNETH RING
Pediatric urology, urologic cancer, kidney stones; Westfield; 908-654-5100
OVERLOOK

PAUL RUSSO
Kidney cancer, adrenal cancer, penile cancer, bladder cancer; New York; 646-422-4391
SLOAN-KETTERING

DAVID SAMADI
Prostate cancer/robotic surgery, prostate cancer, prostate benign disease, prostate disease; New York; 212-365-5000
LENOX HILL

RICHARD SANTAROSA
Prostate cancer, prostate disease, bladder cancer, minimally invasive urologic surgery; Stamford; 203-356-9391
STAMFORD

PETER SCARDINO
Prostate cancer, bladder cancer, urologic cancer, urinary reconstruction; New York; 646-422-4329
SLOAN-KETTERING

CONTINUED

SOLUTION TO LAST ISSUE'S PUZZLE

M	A	S	C	A	R	A	■	C	H	A	R	M	■	T	S	A	R	I	S	T
I	N	H	A	L	E	S	■	H	O	N	E	Y	■	A	T	L	A	N	T	A
S	T	O	R	I	E	S	■	A	U	N	T	S	■	T	E	E	T	H	E	S
C	O	R	R	O	D	E	■	S	N	O	R	T	■	T	A	S	T	E	R	S
A	N	T	O	N	■	S	L	E	D	■	A	I	R	E	D	■	E	R	I	E
L	I	L	T	■	A	S	I	S	■	O	C	C	U	R	■	T	R	I	L	L
L	A	Y	S	O	P	E	N	■	A	T	E	A	M	■	C	A	S	T	E	S
■	■	■	■	A	B	S	E	N	C	E	■	L	O	M	A	N	■	■	■	■
D	R	I	F	T	S	■	D	O	E	R	S	■	R	A	N	K	L	I	N	G
A	I	D	E	S	■	P	U	T	T	I	E	S	■	R	O	S	A	R	I	O
T	A	L	I	■	T	Y	P	E	A	■	R	E	S	I	N	■	B	E	E	R
U	T	E	N	S	I	L	■	S	T	E	V	E	N	S	■	F	E	N	C	E
M	A	S	T	O	D	O	N	■	E	V	A	D	E	■	E	I	L	E	E	N
■	■	■	■	R	E	N	E	W	■	I	N	S	E	R	T	S	■	■	■	■
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Affiliations: **Director, Cornea and Laser Eye Institute; Clinical Professor, Rutgers Medical School; Visiting Research Collaborator, Princeton University; Team Ophthalmologist, NY Jets Football.**

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Dr. Peter Hersh, founder of The Cornea and Laser Eye Institute – Hersh Vision Group, is one of the nation's leading LASIK surgeons, known throughout the world for improving patient care and tecÚology in the field of vision correction surgery.

His many contributions to the field are widely recognized by his peers. Dr. Hersh, a graduate of Princeton University, JoÚs Hopkins Medical School, and Harvard Medical School, is the recipient of the highly prized *Senior Honor Award* from the American Academy of Ophthalmology. He was elected to the American Ophthalmologic Society, the nation's oldest and most prestigious eye surgery association, for lifetime achievement.

Hersh has also been featured by national media, including the *Today Show*, *PBS*, *Fox News*, *People* magazine, and *The New York Times*. *America's Top Doctors* has included him in their list of recommended specialists every year for more than a decade.

Hersh remains dedicated to improving vision correction surgery as a Visiting Research Collaborator at Princeton University, team ophthalmologist to the NY Jets, and Director of Cornea and Refractive Surgery at Rutgers Medical School.

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Affordable *New* Digital Hearing Aid *Outperforms* Expensive Competitors Delivers *Crystal - Clear* Natural Sound

Reported by J. Page

Chicago: Board-Certified Ear, Nose, and Throat physician Dr. S. Cherukuri has done it once again with his newest invention of a medical grade all digital Affordable hearing aid.

This new digital hearing aid is packed with all the features of $3,000 competitors at a mere fraction of the cost. Now, most people with hearing loss are able to enjoy crystal clear natural sound — in a crowd, on the phone, in the wind — without suffering through "whistling" and annoying background noise.

After years of extensive research, Dr. Cherukuri has created a ***state-of-the-art*** digital hearing aid that's packed with the features of those expensive $3,000 competitors – at a ***fraction of the price***.

New Digital Hearing Aid Outperforms Expensive Competitors

This sleek, lightweight, fully programmed hearing aid is the outgrowth of the digital revolution that is changing our world. While demand for "all things digital" caused most prices to plunge (consider DVD players and computers, which originally sold for thousands of dollars and today can be purchased at a fraction of that price), yet the cost of a digital medical hearing aid remains out of reach.

Dr. Cherukuri knew that many of his patients would benefit but couldn't afford the expense of these new digital hearing aids. Generally they are not covered by Medicare and most private health insurance policies.

The doctor evaluated all the high priced digital hearing aids on the market, broke them down to their base components, and then created his own affordable version — called the **MD**HearingAid ***AIR*** for its virtually invisible, lightweight appearance.

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- ✓ ***Outperforms*** $3,000 models
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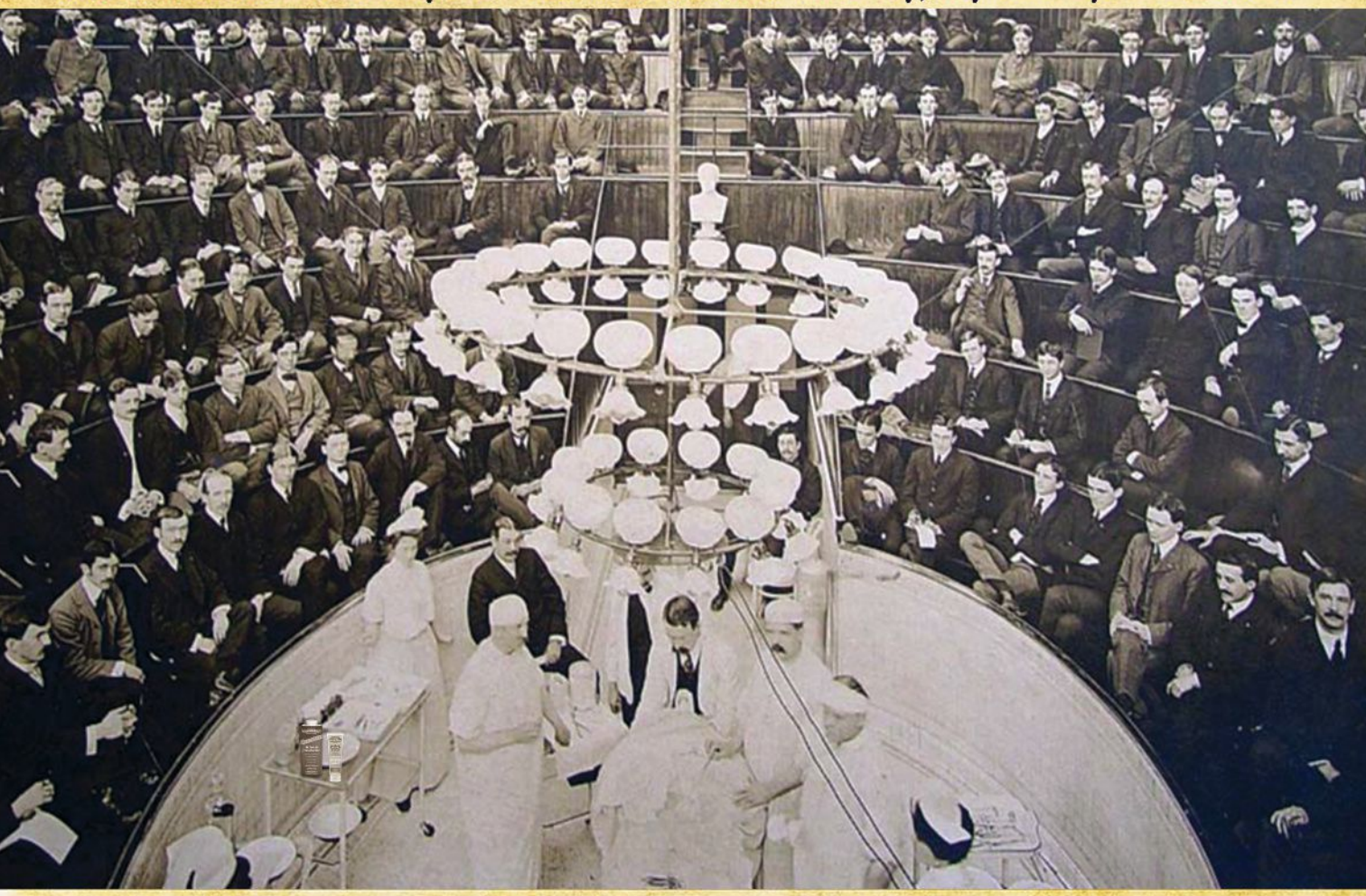

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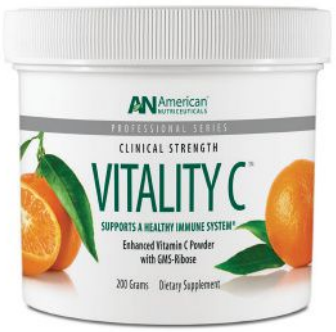

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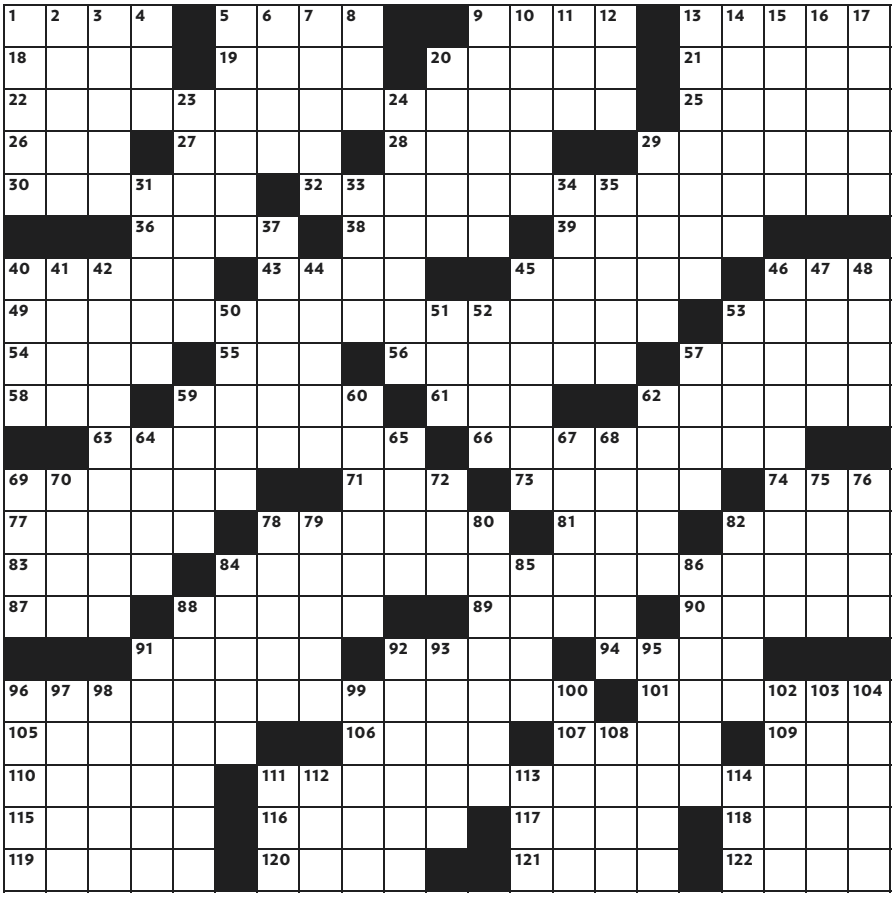

Across

1 Credit-union offering
5 Handel contemporary
9 Timbuktu's country
13 Digging tool
18 Effect used in ultrasound tests
19 Realty measure
20 Confronted
21 Hospital staffers
22 "What did your first learn in med school, doc?" "___" (2000)
25 Grows dim
26 401(k) kin
27 Dance move
28 One of LBJ's daughters
29 "The Raven" maiden
30 Calm with drugs, say
32 "Did you have a favorite anatomy topic?" "___" (2009)
36 Grown filly
38 Fall mos.
39 Queen Margrethe's subjects
40 Walk pompously
43 Shed, as skin
45 Color just a touch
46 Tease
49 "Which case took you the longest to remedy?" "___" (1955)
53 Clownish type
54 Top-drawer
55 "You ___ here"
56 Go by, as time
57 Tennis ___ (joint condition)
58 Wish undone
59 Compadre
61 ___ Friday's (eatery chain)
62 I.V. contents
63 "What's that patient's car crash injury?" "___ (2014) ...
66 ... but luckily his neck was ___" (2014)
69 Indoor flight, maybe
71 Lid
73 Dr. whose books aren't medical
74 Medical kind of scan
77 Cuba ___ (rum drink)
78 Gomer Pyle exclamation
81 Birth-announcement abbr.
82 Equestrian sport
83 Eye wolfishly
84 "Tell me about working in the E.R." "___" (2007)
87 Drone, e.g.
88 Un + deux
89 Barking swimmer
90 Freed of leaves
91 Sweeties
92 Dell
94 Neck and neck
96 "You're often on call at night". "Yep, I've given many ___" (1964)
101 First-year resident, once
105 Deteriorated condition
106 Part of M*A*S*H
107 In traction, e.g.
109 Poseidon's realm
110 Spree
111 "What's that procedure you're doing? "___" (1984)
115 Lawn-trimming tool
116 Unisex flat hat
117 Atop
118 Skunk toon Le Pew
119 Navel orange's lack
120 1974 CIA film spoof
121 Org. operating Curiosity
122 Capone pursuer

Down

1 Carroll who wrote about Alice
2 Earthy colour
3 In the lead
4 ___'easter
5 Cake-making mixture
6 Arthritis symptom
7 Moved stealthily
8 Snicker sound
9 Infamous Imelda or Ferdinand
10 Play part, perhaps
11 Waikiki keepsake
12 Hosp. wristbands, e.g.
13 Low-risk wager
14 Some uprights
15 Extra feature
16 Big name in tractors
17 Trio of diseases?
20 Fracture of geological concern
23 Will subject
24 Vote winner
29 Attorney General Loretta
31 Make smile
33 Sacred
34 Does cutting-room work
35 Simpson-trial judge Ito
37 Chef Lagasse
40 Lead in a cast
41 10 C-Notes
42 Like solar energy
44 Russian lake ("Genoa" anagram)
45 Easy hoops moves
46 "Coma" author
47 Former Lacoste partner
48 Bends at shows' ends
50 Top parts of shoes
51 In-flight height: abbr.
52 Pasta-sauce brand
53 Emergency-code color
57 Fraternal-lodge members
59 Suffix with billion
60 "The English Patient" won nine
62 "Lenny" director Bob
64 Bring on staff
65 Initiate, as pledges
67 "Twilight" lead role for Kristen
68 Demolition debris
69 No neatnik
70 Buster Brown's pooch
72 Bear foot
75 Botanical burn-soother
76 Sondheim title barber
78 Given a "woolcut"
79 Bank robbery
80 Loses temporarily
82 It may be medicinal
84 Distinguishing feature
85 Sinister glance
86 Rhoda's sister on "Rhoda"
88 Restrains with chains, say
91 Followed relentlessly
92 Bible divisions
93 Accept as an inpatient
95 Austrian "City of Music"
96 French clerics
97 Chute
98 Door pivot
99 Apelike, in a way
100 Iota follower
102 First name in cosmetics
103 Gains grains
104 Scruffs
108 Life-story recaps
111 "Very funny" TV sta.
112 With it, old-style
113 Common cause of burns
114 Hosp. staffer

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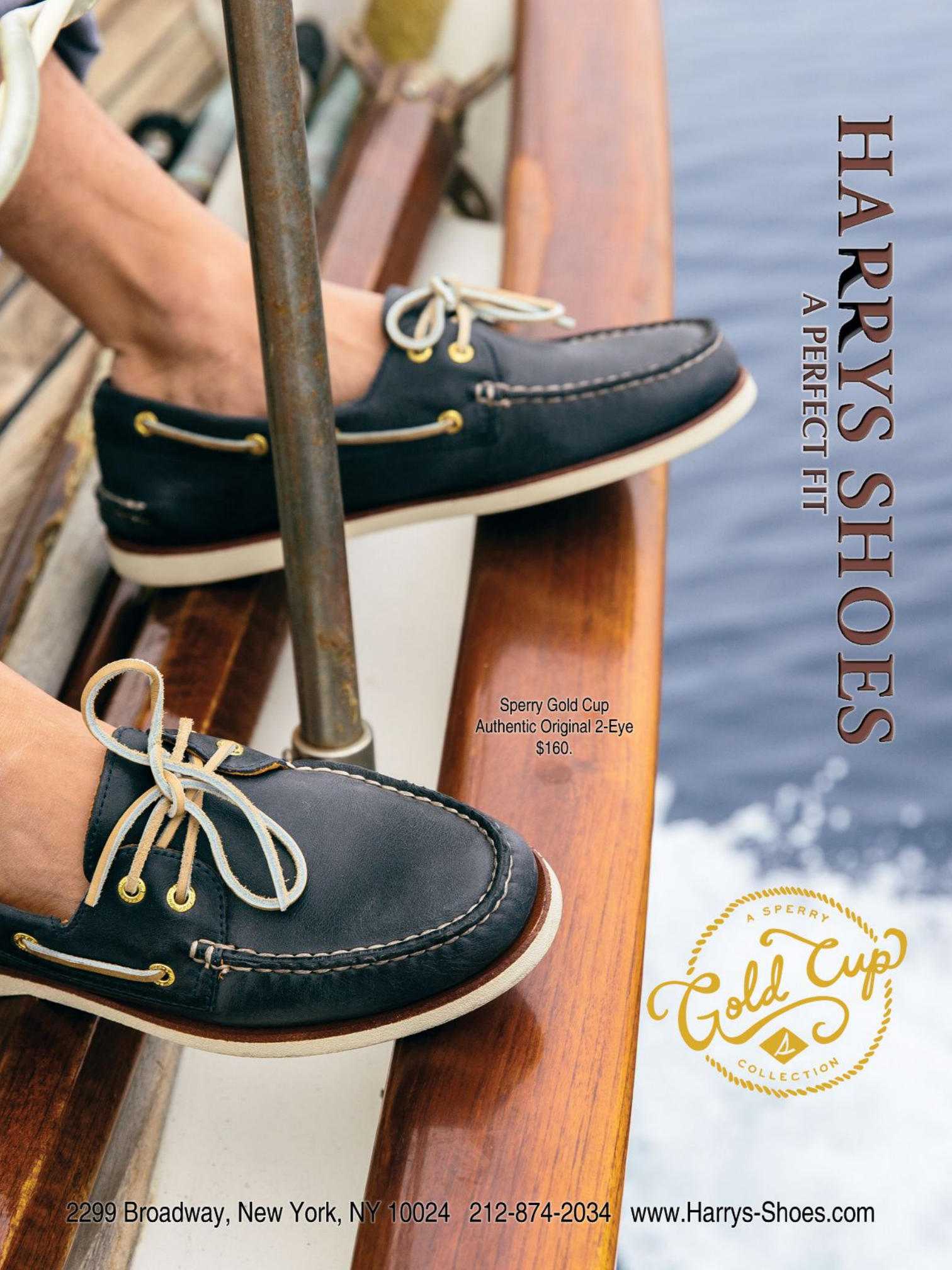
The solution to last week's puzzle appears on page 99.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Could Anyone Really Transplant a Head?

An Italian neurosurgeon says he can. Others are skeptical—*very* skeptical.

DR. SERGIO CANAVERO SWEARS THERE'S NOTHING PRETEND about his plan to put the head of Valery Spiridonov, a Russian with a muscle-wasting disease who has volunteered himself as a test subject, on the body of a newly dead donor. Canavero claims to have solved the problems his hero, Dr. Robert White, met in 1970, when he got a monkey's head to live (briefly) on a new body (that couldn't move). Canavero now says he and a team of 150 will be able to swap out an entire human body by 2017, and he has promised to reveal the details in mid-June. We asked experts to consider the many, many obstacles he faces.

CLINT RAINEY

The Spinal Cord

The cut Canavero proposes—at vertebra C5 or C6—must be ultraclean yet incredibly gentle. Then, he says, he'll stick the spinal cord together with polyethylene glycol, a compound found in everything from toothpaste to paintballs. "We're not even close to realizing that," explains Michael Fehlings, a neurosurgeon who calls the idea "fanciful." (Last year in China, a team tried it on mice. The mice died within hours.) "Even if there is a clean cut," adds Jerry Silver, a Case Western neuroscience professor, bleeding will create "a huge immune response," damaging tissue fast. Silver watched White perform the monkey surgery, and recalls it as "just awful."

The Neck Structure

Eduardo Rodriguez, a reconstructive plastic surgeon at NYU Langone who's done one of the most extensive face transplants to date, says the crosscut will be a mess: The spine is like a cable with fibers "that you have to realign correctly so they transmit to the right place and connect in the right orientation." And the esophagus and trachea are like onions, with multiple layers, each requiring its own sets of sutures.

The Vascular System

Canavero would have at most an hour to get blood flowing again. (He's proposed cooling the head to around 55 degrees Fahrenheit to slow brain death.) Vascular neurologist Neil Schwartz says that it's hard to imagine even four or more surgeons ("There'd be a limit to how many could get in there at once") reconnecting everything in time.

The Parasympathetic Nervous System

The vagus nerve (which would be hard to reattach) controls a lot—digestion, speech, sweating. The patient would have "no control of heart rate, which will skyrocket," says Silver. "The life of such a patient—for as long as life could persist—would be several orders of magnitude worse than that of Christopher Reeve."

The Respiratory System

The diaphragm won't contract without "well-coordinated input" from above the incision, Schwartz notes. He doubts a patient would emerge breathing, and most likely wouldn't be able to coordinate breath with speech or swallowing.

The Mind

"The brain is not contained in a bucket," says Art Caplan, director of medical ethics at NYU Langone. "It integrates with the chemistry of the body and its nervous system. Would a brain integrate new signals, perceptions, information from a different body? I think the most likely result is insanity or severe mental disability." NYU's Rodriguez says psychological issues, more than physical ones, are a limiting factor with face transplants. "And that's just a face."

The Whole Head

All transplants require immunosuppressive drugs—and who knows the dose a head would require, says Caplan. It could also end up "being overwhelmed with different pathways and chemistry" and simply "go crazy."

Photograph by Bobby Doherty

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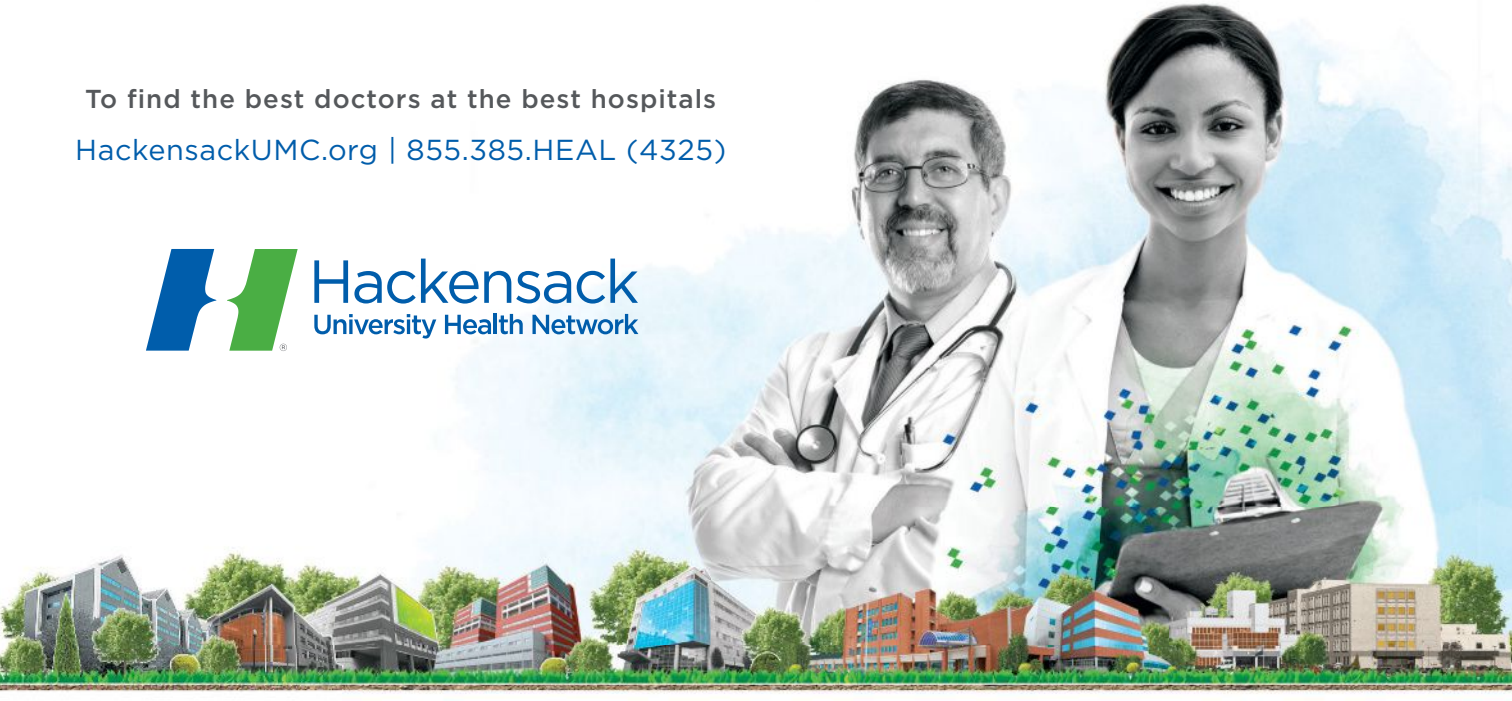

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